



MONTANA
HEALTHCARE
FOUNDATION

MTHCF.ORG



2020

YEAR IN
REVIEW

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2020 YEAR IN REVIEW



CHARITABLE
PURPOSE

▶ **THE MONTANA
HEALTHCARE
FOUNDATION
MAKES STRATEGIC
INVESTMENTS TO
IMPROVE THE HEALTH
AND WELL-BEING OF
ALL MONTANANS.**

MHCF contributes to a measurably healthier state by supporting access to quality and affordable health services, conducting evidence-driven research and analysis, and addressing the upstream influences on health and illness.

LETTER FROM DR. AARON WERNHAM

We all remember March of 2020 when COVID-19 became a full-scale pandemic. Some of our staff rushed home from long-planned vacations, while others quickly packed the office as we shifted to remote operations. Like the rest of the world, we grappled with questions of how to keep ourselves and our loved ones safe while continuing to do our work effectively.

We also felt an urgent responsibility to find ways to help our partners and the state respond effectively to the public health emergency. After many conversations with partner organizations, agencies, and Tribes, we adopted a measured, strategic approach—one that gave us the flexibility to respond quickly to our grantees' needs as well as to rapid shifts in federal and state policy and funding. Two principles guided our response:

- 1) Stability and consistency:** Many of our strategic priorities—including our work in American Indian health, local public health systems, and behavioral health—became even more important amidst the pandemic. We prioritized our current programs in these areas, and we worked with our grantees to offer them flexibility and technical assistance to keep their projects on track while adapting and responding to COVID-19.
- 2) Leveraging new funding sources:** Our annual budget is too small to make a dent in the needs created by the pandemic, and it amounts to a tiny fraction of the many and complex federal and state COVID-19 relief funds that quickly became available. So we used our staff and funds to help the state, Tribes, and local organizations apply for COVID-19 relief funds, understand emergency regulations, and adapt to changes like the new rules that allowed for the broader use of telehealth. We delve into the details of our pandemic response and the outcomes in each initiative highlight.

Local and Tribal public health agencies were hit particularly hard by the intense demands of the pandemic. Building on years of planning and investment in Montana's public health system, we decided to bring our public health partners together and fund the creation of the new Montana Public Health Institute (MTPHI). MTPHI is already working with health departments around the state to aid their COVID-19 response, and we're convinced it will be an enormous asset to the state as we recover from this pandemic.

The year ahead will bring a host of challenges for Montana as we shift from pandemic response to recovery. We will focus on helping Montana recover, redouble our efforts on the critical health challenges that predate the pandemic and will continue after COVID-19 has resolved. We are more thankful than ever for your partnership and dedication to our shared work to improve the health and well-being of Montanans.

Dr. Aaron Wernham

CEO





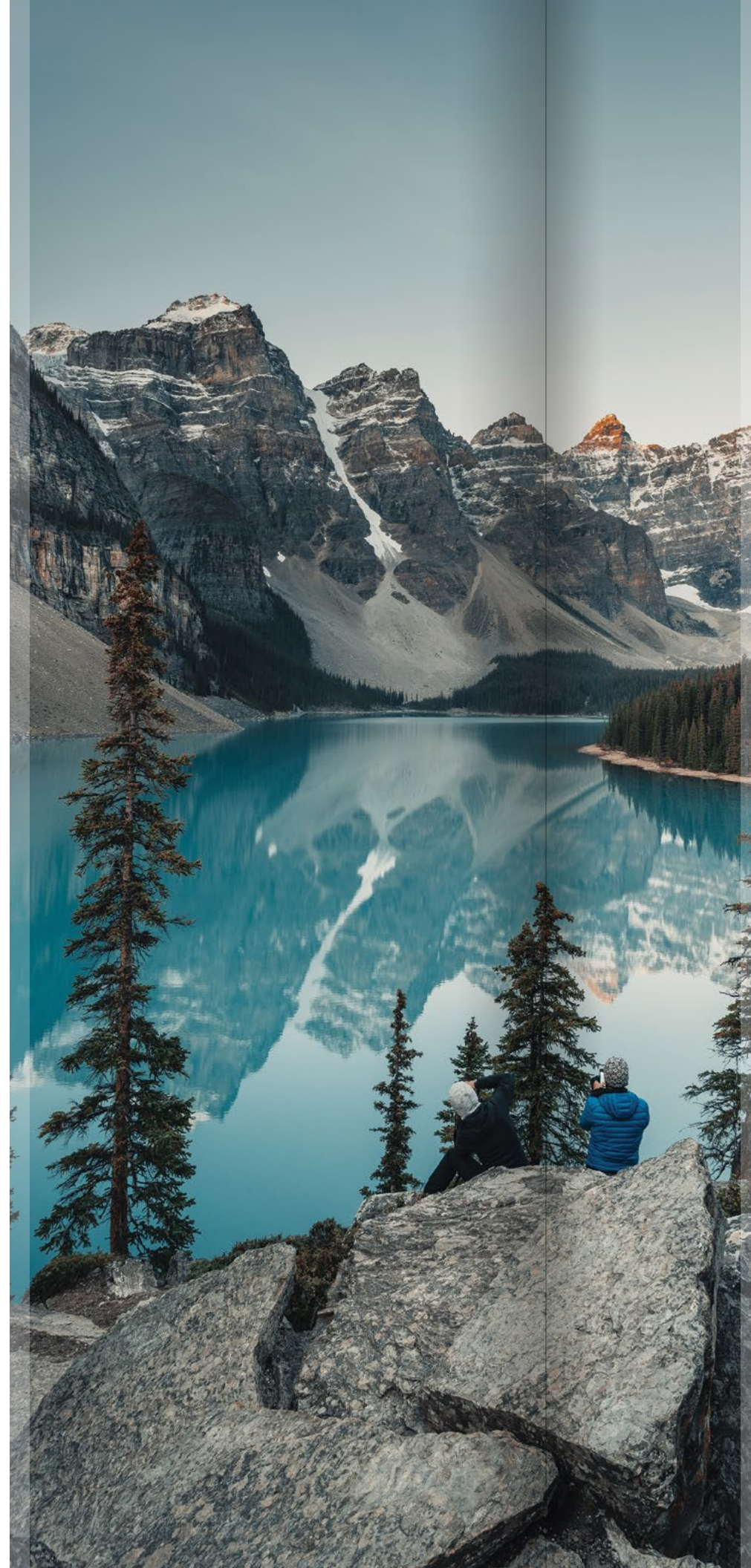
MONTANA HEALTHCARE FOUNDATION HISTORY

The Montana Healthcare Foundation was created in 2013 as a result of the sale of Blue Cross Blue Shield of Montana. By state law, the assets from this sale were transferred to a charitable trust to be managed for public benefit.

MHCF is the state's largest health-focused, private, nonprofit foundation. As a permanent foundation, we spend the income from trust investments so we can serve as a stable and reliable resource for improving health in the state.

We began our first full year of programming in 2015. In 2019, we took the time to review the progress we made over our first five years of programming by releasing our "[First 5-Years Report](#)" which offers a comprehensive look at our early work.

Discover our First 5-Years Report here: mthcf.org/resources/first-5-years-report/



HOW WE DO OUR WORK: *Beyond Grantmaking*

Our approach to improving the health and well-being of Montanans goes far beyond traditional grantmaking. We aim to bring resources like strategic expertise and creativity to each project and partnership.

This work takes many forms, and we adapt our approach to meet the needs of the community we are working with and the issue we are trying to solve. Beyond grantmaking, some of the ways we work include:

- ▶ **Offering leadership:** Our dedicated, expert staff members help identify innovative solutions to key health challenges.
- ▶ **Bringing people together:** We host convenings so that health and community leaders can come together to find and create new solutions to persistent health problems.
- ▶ **Providing technical assistance:** We help clinics, health departments, and community-based organizations transform their services or create new ones.
- ▶ **Finding the right solutions:** We use research to find proven programs from other states and use our capital to bring those solutions to Montana.
- ▶ **Supporting new partnerships:** We catalyze new business partnerships that help communities use limited staff and funding more effectively.

CHARITABLE PROGRAMMING

DIRECT PROGRAMS –AND– GRANT PROGRAMS



Leadership



Capacity
Building



Convening



Technical
Assistance



Research



Grant
Initiatives



Responsive
Grants

Programming Overview

PROGRAMMING SNAPSHOT

Since we began our programming work in 2015, we have:

Reached **53** of Montana's 56 counties, and every American Indian Tribe and urban Indian health center

Funded **528** grants and contracts with **\$32.5 MILLION**

Leveraged our resources to bring **\$82.3 MILLION** of federal and private funds into the state



PRIORITY AREA

American Indian Health

SUPPORTING AMERICAN INDIAN-LED SOLUTIONS.

American Indian Tribes have built some of the highest-performing, most effective health systems in the United States. We support American Indian-led solutions, and we build all of our strategies and programs in partnership with American Indian Tribes, urban Indian health centers, and American Indian-led organizations.

In 2020, American Indian Tribes in Montana faced the overwhelming challenge of protecting their communities from the coronavirus pandemic. Working closely with the Tribes, our staff quickly shifted our approach to helping American Indian health leaders access new state and federal funding and pandemic response resources.

Since it was challenging to keep track of the large number of COVID-19 funding opportunities, we created a one-stop, continually updated **resource*** of new programs, funding opportunities, and instructions on how to access funding. We also hosted webinars to walk health leaders through how to access and use COVID-related funding programs.

In addition to making COVID-19 assistance a priority, we also continued our regular programming to strengthen American Indian health services, support the American Indian Health Leaders group, and help Tribes with their Tribal Health Improvement Program applications.

*Resource Address: reichardandassociates.com/covid-19/

TO ADVANCE AMERICAN INDIAN-LED SOLUTIONS IN MONTANA, WE HAVE:

Funded **125** grants and contracts with **\$5.3 MILLION**

Leveraged our resources to help secure **\$25.7 MILLION** in federal and private funds

We helped six Tribes submit grant applications for federal COVID-19 relief funds, resulting in nearly

\$2.7 MILLION being awarded in 2020.

ANNUAL TOTALS	2014	2015	2016	2017	2018	2019	2020
Funding Amount	\$1.3M	\$1.9M	\$2.9M	\$4.6M	\$6.7M	\$7.4M	\$7.7M
Number of Grants and Contracts	1	39	47	74	142	131	94
Outside Funds Brought Into Montana			\$2.8M	\$9.7M	\$27.0M	\$14.7M	\$28.1M

Strengthening American Indian Health Services

Strengthening health services so that American Indian people in Montana have access to stable, high-quality, and American Indian-led health care

This initiative helps Tribes and urban Indian health centers build and strengthen their health programs. We also focus on helping develop stable revenue and robust business operations so that these programs can grow and thrive beyond our grant and provide a long-lasting benefit to the community.

To date, we have supported

33 projects to develop new, financially sustainable **American Indian-led services.**



GRANTEE HIGHLIGHT

▶ SPOTTED BULL RECOVERY RESOURCE CENTER

In October 2021, the Fort Peck Tribes' Spotted Bull Recovery Resource Center is targeted to open the doors of a new residential treatment program for the Fort Peck community.

Spotted Bull has historically provided outpatient chemical dependency services only. In 2016, they applied for a planning grant to start thinking about how they could treat patients in need of on-site inpatient care. Along with the planning grant, we provided technical assistance to help the project leaders think through how to make the new program sustainable in the long term.

“Our goal was to figure out how to support the program ourselves instead of having to rely solely on grant funding. Learning about sustainability opened up a whole box of options for us. Now, any project we go after, we think of a way to make it sustainable.”

—*Courage Crawford, Spotted Bull Recovery Resource Center Program Development Specialist*

With a second MHCf grant for project implementation in 2017, Spotted Bull focused on building its capacity to bill insurance for services, upgrading its infrastructure to meet inpatient standards, and developing integrated behavioral health services to make sure that patients' physical and mental health and well-being are considered and cared for.

Designing the program around sustainable sources of funding opened many new options. What began as a plan to add inpatient treatment to Spotted Bull's outpatient services grew into a holistic program focused on prevention and culturally appropriate treatment models. Spotted Bull's focus on prevention led to building a Youth Council made up of young people in the community who are trained as youth peer supporters and work on suicide and methamphetamine prevention. They trained peer support specialists to work with patients after treatment, and implemented the Medicine Wheel program to provide a support group for clients and their families.

“With this project, we've focused more on prevention, which hasn't been done before. We are holistic thinkers, and we are building the program that incorporates our cultural pieces and starts with our youth at the center and then expands all the way out to our veterans.”

—*Courage Crawford*

The Spotted Bull Recovery Resource Center's Director is Dale Four Bear. His direction and vision were instrumental in the program's success. Read a comprehensive [evaluation of the program](#).

Supporting American Indian Governance and Leadership

Developing a platform for American Indian health leadership to come together and establish plans for improving the health of their communities

In early 2020, members of the American Indian Health Leaders group, made up of Tribal health and urban Indian health center leadership staff, met in person and identified a list of priorities they planned to work on together in the upcoming year.

While the pandemic quickly shifted short-term priorities, the group continued to come together virtually throughout 2020. The forum provided a way for health leaders to stay connected and learn from each other about how to navigate the pandemic's challenges and how to keep their communities safe.

Reducing American Indian Health Disparities

Improving health and well-being and reducing disparities in health and life expectancy among American Indian people in Montana

The state of Montana worked with Tribes to create a groundbreaking Medicaid Tribal Health Improvement Program (T-HIP) in 2017. The program allows Tribes to receive Medicaid funding for designing and delivering culturally based wellness and disease prevention programs to their communities.

In 2020, we continued to support the T-HIP directors by coordinating their virtual monthly meetings, where they discussed and learned from each other's COVID-19 responses and provided technical assistance in planning and drafting new prevention programs. All of the T-HIP sites shifted their community priorities to focus on COVID-19 response and the vaccine rollout.





PRIORITY
AREA

Behavioral Health

**PROVIDING LEADERSHIP TO
BUILD A STRONG CONTINUUM
OF CARE**

We work to prevent mental illness and substance use disorders and ensure prompt early diagnosis and effective treatment for people affected by these illnesses. Addressing behavioral health problems is a top priority for Montana communities. Historically, there has been a severe shortage of prevention and specialty treatment options, especially in remote rural areas.

When the coronavirus pandemic first hit Montana in March 2020, we quickly realized that primary care, behavioral health, and peer supporters would need to adapt and begin using telehealth if they were going to continue providing services to their clients. We helped providers get up to speed on the new state and federal rules for telehealth by hosting training webinars and providing technical assistance.

We also worked closely with the Montana Department of Public Health and Human Services (DPHHS) to develop the strategy and support the grant application for a \$2 million Substance Abuse and Mental Health Services Administration grant. The state received the grant and used the funding to support behavioral health crisis services in hard-hit communities.

**WE HAVE WORKED TO
INCREASE ACCESS TO
EFFECTIVE PREVENTION
PROGRAMS AND EARLY
DIAGNOSIS AND TREATMENT BY:**

Funding **226** grants
and **contracts** with

**\$13.7
MILLION**

Leveraging our resources
to help secure

**\$38.6
MILLION**

in federal and private grants

In 2020, **behavioral health
telehealth services** for
Medicaid patients increased by

1400%

Integrated Behavioral Health

Improving health outcomes and reducing related costs through the widespread integration of behavioral health into primary care

Until recently, few primary care practices routinely identified and treated common behavioral health issues. Mental illnesses and substance use disorders are the leading health concerns in Montana communities, but, historically, there have been few prevention and treatment options available.

With this initiative, our goal is to ensure that integrated care becomes recognized as the new norm—a new standard for primary care that gives providers an effective way to treat Montana's most pressing health issues and ensures that patients have ready access to behavioral health services when needed.

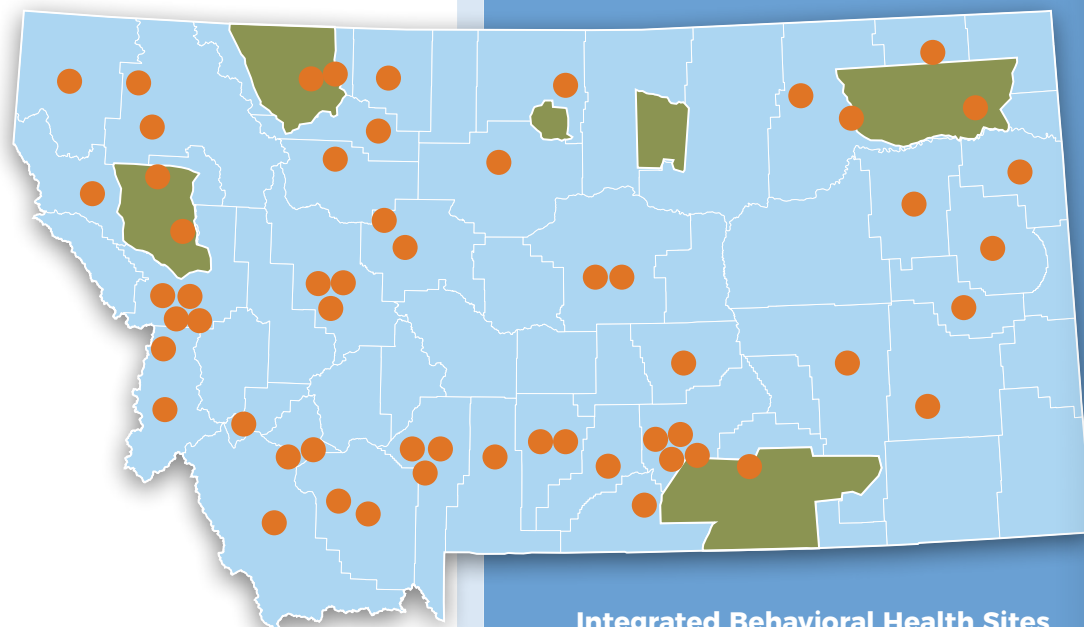
To date, we have helped integrate behavioral health services into

57 primary care clinics

across the state, and these clinics serve

59% of adult Medicaid patients.

In 2020, despite the pandemic's burden on frontline medical providers, three new hospitals joined the initiative.



Integrated Behavioral Health Sites

With integrated care, primary care providers can screen for behavioral health problems as part of a regular checkup or acute care visit. They can provide immediate care for common issues like depression, anxiety, and substance misuse as part of the same appointment.

"The ability to provide integrated care is paramount to our role in fully serving our community. Understanding that both the body and the mind need to be cared for in a symbiotic fashion—as well as having the resources to do it—helps us provide everything our patients need."

—Burt Keltner, Prairie County Hospital CEO/Administrator

As a result of the initiative, primary care clinics are becoming more comfortable screening patients for behavioral health issues and providing treatment right away. Of the 30 sites that have been building their integrated care programs for more than one year, 36% are already routinely screening for and treating behavioral health issues.

"One of the most significant benefits of this project is that it helps health center staff become more aware of the behavioral health issues their patients are facing and more confident in screening and getting patients help quickly and hopefully before a crisis."

—Nadine Elmore, Montana Health Network Project Director

Helping people with depression and related mental illnesses is one of the main goals of integrated care. Eight primary care practices have now completed their two-year projects and successfully implemented integrated care.

Together, these practices have treated more than

10K patients

for depression. All of these sites reported improvements in their patients' depression scores, and **27% of patients improved by at least 50%.**





The Meadowlark Initiative

Integrating prenatal care and behavioral health to improve maternal and neonatal outcomes



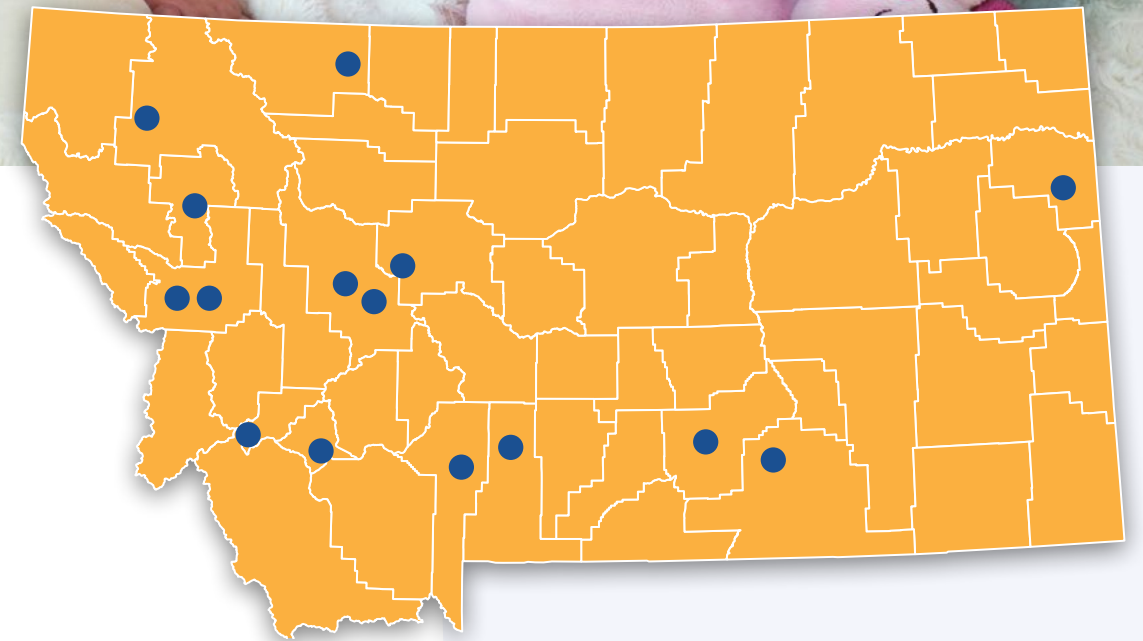
Substance use disorders and mental illnesses like depression and anxiety impact thousands of pregnant women and their babies each year. These illnesses are common and cross all demographic groups in Montana, yet they often go undiagnosed and untreated.

The Meadowlark Initiative brings a new standard of pregnancy care to the state by offering routine screening and treatment for substance use disorders as part of prenatal and postpartum care.

Our goal is to have a Meadowlark site in every community in the state that has a hospital that delivers babies. In 2020, we added four new locations, bringing the total number of Meadowlark providers in Montana to 15.

Meadowlark providers help remove the stigma that may keep women from seeking help by making screening a routine and expected part of care. **Meadowlark sites are now screening nearly 100% of their patients for common mental illnesses and substance use and providing immediate, same-day care when needed. As of September 2020, Meadowlark providers screened nearly 6,000 pregnant women for substance use disorders.**

The Meadowlark Initiative supports recovery while keeping families together and children out of foster care. Early data suggests the initiative is already contributing to lower foster care placement rates: **2020 data showed that most counties with the first Meadowlark sites had a reduction in infant removal rates that averaged 40%.**



The Meadowlark Initiative
HEALTHY PREGNANCIES & SECURE FAMILIES

Participating Sites

- Benefis Health System
- Bighorn Valley Health Center
- Blackfeet Tribal Health
- Bozeman Health
- Community Hospital of Anaconda
- Community Medical Center
- Helena OB/GYN & Associates
- Kalispell Regional Medical Center
- Livingston HealthCare
- Providence St. Patrick Hospital
- Sidney Health Center
- St. James Healthcare
- St. Luke Community Healthcare
- St. Peter's Health
- St. Vincent Healthcare

"While there are many factors that impact an infant's removal from the home, I believe that the Meadowlark Initiative is helping safely reduce the need to remove infants. The efforts that everyone is making to support families being safe and healthy is making a difference."

—Nikki Grossberg, CFSD Deputy Administrator



PATIENT STORY

▶ WRAPPED IN HOPE*

“Wrapped in Hope” was funded by one of our first grants and one of the programs that helped guide the design of the Meadowlark Initiative’s model of care.

I’ve struggled with addiction since I was 14 years old. I grew up in and out of services—behavioral health treatment facilities, mental health hospitals, and prison. I want to share my story because I’m so grateful for what the Wrapped in Hope program has done for me, my family, and our loved ones.

I’ve tried to get and stay sober many times. I would go to detox, get a good meal and a place to sleep, and then I would fall back into old habits. In 2016, I went to Providence Center in Missoula to detox. After I was released, I was sober for eight weeks when I found out I was pregnant. Finding out you’re pregnant is a joyous thing for most people; for me, it was earth-shattering. I had only been sober a short time, and I had no idea if I could stay that way.

My doctor knew what I was struggling with and told me about the Wrapped in Hope program. At first, I was against it. I couldn’t fathom why there would be a program to help me stay sober. Why would these people care about me? They don’t know me.

I started meeting with the care coordinator and felt comfortable and safe with her almost right away. I was honest with her and she helped keep me accountable. The Wrapped in Hope team gave me confidence and helped me begin believing in myself again. Maybe I could do this; maybe I could live a normal life.

At the end of my pregnancy, I took a couple of pain pills because my back was hurting. I should have known better. When I delivered my daughter, opioids were found in my system. The morning after my daughter was born, CPS showed up at the hospital.

That was a really hard day for me. I thought CPS would take my baby, and everything I had worked for would be gone. The complete opposite happened. My doctors and the Wrapped in Hope team advocated for me and were there for me throughout the entire process. Without their support, I probably would have given up and run away and not waited to see what the outcome would be. CPS was willing to work with me to prove I could stay sober. I was touched that they didn’t just take my baby and leave. Instead, they were supportive and invested in me and my recovery. That was a really good moment.

I now have two daughters, and I requested to be enrolled in the Wrapped in Hope program during my second pregnancy. If it weren’t for Wrapped in Hope, I probably wouldn’t be where I am today.

I have an amazing life. It’s not perfect, I still struggle. But I have a normal life—a house, a fiancé, my children. I prayed for these things, and now I have them, and that’s a huge incentive to staying in recovery. I’m much stronger now, and I have a lot more confidence in myself. Much of that is thanks to the people in Wrapped in Hope.

—Courtney, prior Wrapped in Hope patient

*Wrapped in Hope is the name of St. Luke Community Healthcare’s Meadowlark Initiative program.

The Meadowlark Initiative is a unique public-private partnership between the Montana Healthcare Foundation and the Montana Department of Public Health and Human Services.

Behavioral Health Continuum Of Care

Strengthening prevention, early diagnosis, and prompt access to effective treatment for mental illness and substance use disorders

In this initiative, we focus on strengthening parts of Montana's behavioral health prevention and treatment system to provide patients with a more robust continuum of care. Two areas we focused on in 2020 helped communities respond more effectively to people in crisis and improve care for people with severe, disabling mental illness.

Behavioral Health Crisis Diversion

All too often, when someone experiences a mental health crisis, they end up in the emergency room or jail—two of the worst places to treat someone who needs behavioral health care.

In Montana, between 30% and 50% of people admitted to the emergency department have a behavioral health diagnosis. This system is expensive, strains emergency and law enforcement resources, and too often fails to give people the care they need.

We are helping communities redesign their crisis systems and develop effective ways of getting people the care they need when they need it.

- **To date, we have supported nine communities with crisis diversion grants. One community joined in 2020.**
- **Beyond grants, we support communities working on crisis system redesign through webinars and peer learning calls.**

MISSOULA'S STRATEGIC ALLIANCE FOR IMPROVED BEHAVIORAL HEALTH

In 2019, Missoula's health care organizations, mental health departments, and local government officials all came together to figure out how to improve the community's response to people experiencing behavioral health crisis.

The group called itself the Strategic Alliance for Improved Behavioral Health. As a first step, it conducted a community gap analysis to identify gaps and overlaps in services. Then, the group drafted a charter to guide their collaboration, built a work plan, and analyzed relevant data from each organization to establish a baseline and a way to measure improvement. Several of the Strategic Alliance health providers entered a data sharing agreement to better serve people who are seen by more than one provider.

Missoula now has a mobile support team to respond to behavioral health crises through a partnership between the fire department and the community health center. The regional mental health center is starting a crisis call center that is part of the National Suicide Prevention Line. The Strategic Alliance is also working on developing a short-term crisis stabilization site so that people experiencing behavioral health crises will not have to be taken to and treated in the hospital's emergency department. All of these services are part of the Crisis Now model of best practices in crisis care, providing services for people when and where they need it.

"The Strategic Alliance has given Missoula the opportunity to focus on a common goal of creating improvements in the system of crisis care in order provide better individual care for people in Missoula. While it can be challenging to coordinate such a diverse group of organizations with differing priorities, our success lies in the fact that, as a group, we've been able to keep our eye on the prize. We all want the same thing—to improve the way we care for people in crisis."

—Terry Kendrick, Missoula Coordinator

Program for Assertive Community Treatment

While behavioral health crisis diversion helps people experiencing a behavioral health emergency, the Program for Assertive Community Treatment (PACT) allows people with longstanding, severe, or disabling mental illnesses to live and function safely in the community.

PACT is a behavioral health service delivery model that facilitates community living, psychosocial rehabilitation, and recovery for people whose illnesses haven't improved with traditional outpatient services. PACT teams made up of a multidisciplinary group of licensed staff and paraprofessionals are available anytime to go out into the community, meet, and provide care for people wherever they are.

This program helps people remain in their homes and communities rather than being hospitalized. It is particularly beneficial for people living in remote and rural communities who may not have easy access to mental health services.

We are working with DPHHS to fund and provide technical assistance to six organizations that are implementing 11 new PACT teams. This new program is now helping every region of the state gain access to improved PACT services.



**PRIORITY
AREA**

Housing is Health Care

CREATING SUPPORTIVE HOUSING PROJECTS TO IMPROVE HEALTH OUTCOMES AND REDUCE THE USE OF EMERGENCY SERVICES AND CORRECTIONS RESOURCES

Roughly 5% of patients account for 50% of health care costs. These patients' high costs come from frequent emergency room visits and hospital stays. Some have untreated mental illnesses or substance use disorders, and regular interactions with law enforcement are also common. Often, these people are homeless or don't have stable housing, making effective treatment and recovery more difficult.

A safe place to live paired with supportive services improves health outcomes and reduces the need for high-cost emergency services.

We are helping communities plan and build permanent supportive housing for their most vulnerable members. Supportive housing is much more than just getting people into homes. It also offers on-site services like tenancy support, employment



assistance, and medical and behavioral health care that help people address the issues that may have led to homelessness in the first place.

In this initiative, our grantees create a system to identify the people who have the highest need—those who are chronically homeless, have had significant criminal justice involvement, and have frequent emergency room visits—and then develop a sustainable, supportive housing program to meet their needs.

In 2020, we helped Missoula, Bozeman, Butte, and Great Falls plan for and begin developing supportive housing services in their communities.

So far, **24 people** have been housed.

Based on national studies of supportive housing programs, this is likely to reduce the need for emergency room and inpatient hospital treatment, potentially avoiding

\$550K
or more in Medicaid costs per year.

MISSOULA'S SUPPORTIVE HOUSING PROJECT

To improve health outcomes for Missoula residents who are experiencing homelessness and require frequent, high-cost medical services, the Missoula Supportive Housing Collaborative partnered with the Missoula Housing Authority to establish the Housing is Health Care initiative's first single-site supportive housing units at Cornerstone.

As part of the Housing is Health Care initiative, the Collaborative used a system called FUSE (frequent user system engagement) to identify and prioritize people in the community most in need of supportive housing services. The system compiles data from community organizations that interact with people experiencing homelessness, such as hospitals, mental health centers, homeless shelters, and corrections facilities. The individuals with the highest number of interactions with these organizations qualify for supportive housing units.

Cornerstone opened its doors in December 2020. The site has 12 available units, and six units have been filled by people identified through the FUSE system.

We are continuing to help the Missoula Supportive Housing Collaborative think through what support services are needed to help keep individuals housed and healthy. We are also working with them to configure innovative billing models that would integrate Medicaid and ensure the project's sustainability.

"Cornerstone has created an opportunity to house some of the most vulnerable in the community. The security of housing has provided the foundation for individuals to start engaging in medical and behavioral health care."

—Anna Nilles, Partnership Health Center,
FUSE Program Development Manager





PRIORITY AREA

SCHOOL-BASED HEALTH INITIATIVE

Improving health and academic outcomes for students by supporting new partnerships between schools and health care providers

Untreated health issues create challenges for students in all areas of their lives, including the classroom. Mental illness, dental infections, and medical illnesses such as asthma are common causes of excessive absences, classroom behavioral challenges, and



School-Based Health Initiative

poor academic performance. The ripple effects can extend into school metrics such as attendance and graduation rates. School-based health centers can help schools, students, and families by providing a convenient, secure place for students to get care, so students can reach their full academic potential and schools can achieve their educational benchmarks.

When we launched this new initiative in 2020, we committed at least \$5 million over the next 10 years to support new partnerships between schools and health care providers to create school-based health centers in communities that need them the most.



Our first cohort of participating health centers and partnering schools:

- 1 OneHealth — Crow Agency School, Wyola Schools, Hardin High School
- 2 Alluvion Health — Vaughn School
- 3 Flathead Community Health Center — Linderman Alternative, Evergreen Schools
- 4 Sapphire Community Health — Victor Schools, Hamilton Schools

"I am thankful we can offer services through OneHealth for our students and their families. Not only is it convenient for most families, but it also provides an opportunity for children to promptly receive health care services for issues that might otherwise be overlooked or delayed."

—Kelsey Torske, District Nurse
Hardin Public Schools

The School-Based Health Initiative supports quality, convenient health care for students and their families in a safe, familiar place.





PRIORITY
AREA

Strengthening Public Health

**STRENGTHENING
MONTANA'S PUBLIC HEALTH
SYSTEM BY SUPPORTING
LOCAL AND TRIBAL HEALTH
DEPARTMENTS**

In 2020, as the state faced a dangerous pandemic, public health departments that are accustomed to working behind the scenes to protect community health were forced into the spotlight. Throughout this past year, we have worked hard to support state, Tribal, and county public health departments as they navigate the pandemic's urgent and complex challenges and protect our communities.

Our commitment to building a strong public health system goes back to the very first grant we made. That \$1.3 million grant to the DPHHS provided funding and technical support to 50 counties and four Tribes to assess their communities' health needs and plan and create new programs addressing high-priority issues.

We started 2020 with a \$500,000 grant to continue this support for local health departments. As the pandemic took shape, we worked with partners around the state to ensure that those funds were used where needed to strengthen the local health department backbone of Montana's response.

The Montana Public Health Institute

Ultimately, building a strong public health system requires more than grants. Recognizing this and spurred by the pandemic's demands on local health departments, we supported the launch of the new Montana Public Health Institute in 2020, culminating two years of planning with partners around the state.

The Montana Public Health Institute will strengthen the health system through collaboration, leadership, and the advancement of health equity. Already, it has stepped in with critically needed support for local health departments' COVID-19 response. In the year ahead, the Institute will help guide and support Montana's recovery and analyze lessons from this crisis to build an even more effective public health system.



MONTANA
PUBLIC HEALTH INSTITUTE

Learn more about the Montana Public Health Institute at mtphi.org.



PRIORITY
AREA

Medicaid and Health Policy

PROVIDING DATA,
RESEARCH, AND POLICY
ANALYSIS SO MONTANANS
CAN REACH INFORMED
DECISIONS ON PROPOSED
HEALTH POLICY CHANGES

State and federal health policy profoundly impacts the health and well-being of Montanans. In order to make sound decisions on health policy, the public and policymakers need timely, fact-based policy analyses from a credible source.

We strive to be a trusted, reliable source of high-quality information on critical health issues that impact all Montanans.

To date, we have issued 18 reports to support sound policies on issues such as solving Montana's behavioral health challenges, continuing our state's Medicaid expansion, and finding ways to make private health insurance more affordable.

Our work in 2020 focused on developing the format and content of the first annual report on Medicaid in Montana. This report was developed through a data-sharing partnership with the State of Montana, and the analysis was completed by Manatt Health. We released our first annual report* on Medicaid in early 2021 and plan to release an update annually. This report will help Montanans understand how Medicaid, particularly the Medicaid expansion, impacts the state budget, the economy, and the health of Montana's citizens.

*First Annual Report:
mthcf.org/resources/medicaid-in-montana/





PRIORITY AREA

Capacity

LEVERAGING OUR RESOURCES AND EXPERTISE TO CREATE A GREATER IMPACT

While we are the largest private health-focused foundation in the state, our annual budget amounts to only a tiny fraction of the total cost of health care in Montana each year—far less than 1%. Since we can't support every great program for the long term, we make our dollars count by leveraging our resources and expertise to bring outside funding into the state and helping organizations become more sustainable.

Since we began this work in 2016, we have brought

\$82.3 MILLION
into the state

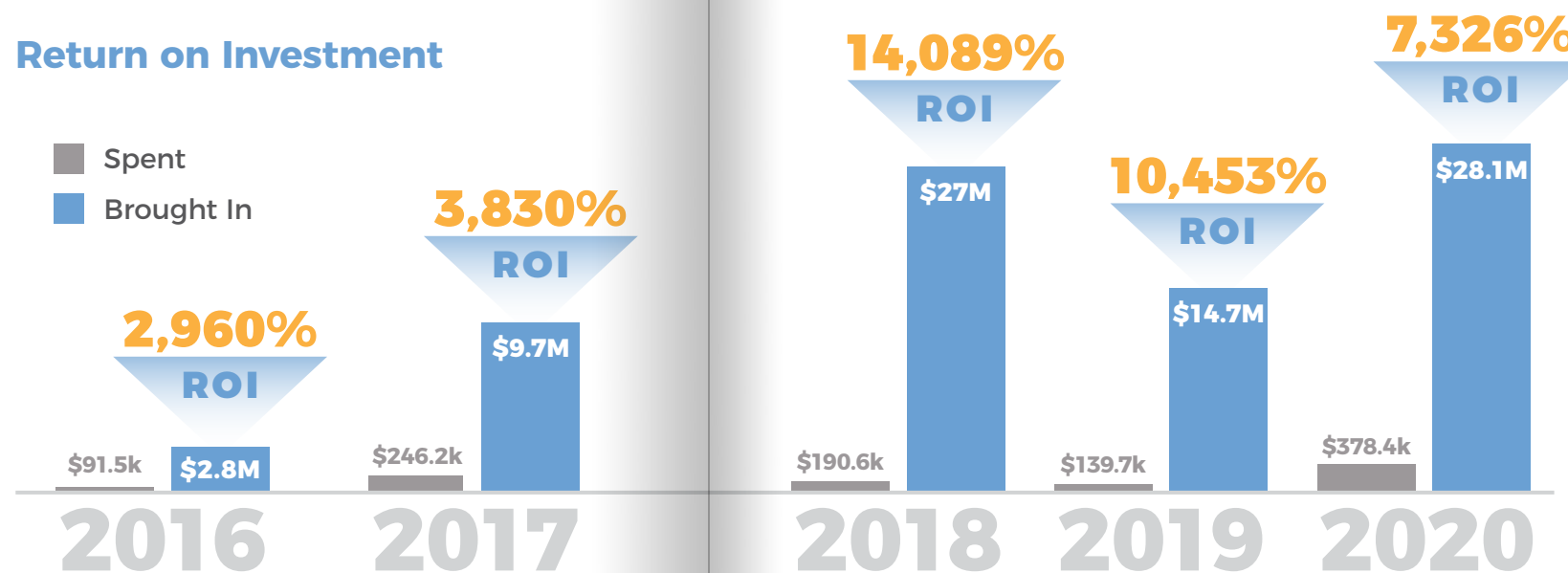
Grant Application Assistance

Leveraging our resources to bring in new sources of funding for health improvement efforts

Through this initiative, we help Montana organizations, Tribes, and agencies apply for federal, state, and private grants for projects that will advance solutions for high-priority health problems. We do this by monitoring and identifying promising funding opportunities, connecting with partners eligible to apply, working with them to develop an application strategy, and providing support for writing the grant application.

In 2020, we used this initiative to help organizations take advantage of the COVID-19 response grants and funding opportunities that quickly became available. We submitted 14 grant applications on behalf of organizations across the state, with \$7.5 million in COVID-19 response funding awarded to date.

Return on Investment



Social Service Nonprofit Capacity Building

Developing stable funding sources and partnerships that allow nonprofits to provide or expand their health services

By helping local nonprofit organizations reduce their reliance on fundraising, we help them adopt sustainable solutions to supporting the health and well-being of their communities. To do this, we provide small grants and technical assistance for business planning to help organizations bill insurance for certain services, and we facilitate new partnerships with organizations that can offer services the grantee organization is seeking support to create.

THE MONTANA RESCUE MISSION

The Montana Rescue Mission serves homeless people in the Billings area. The Rescue Mission identified providing immediate, on-site access to counselling services as an important unmet need among their clients and sought funding to create a counselling program.

Rather than providing a grant to directly fund counselling services that would remain dependent on fundraising after our grant, through our Social Service Nonprofit Capacity Building initiative we offered technical assistance along with a small planning grant to allow the Rescue Mission plan and implement a counselling program that would become self-sustaining through billing insurance for services.

The Rescue Mission completed a business plan, developed policies, and hired two therapists for the Women and Family Shelter and Men's Shelter. The therapists are now providing immediate, on-site services.

Because of the business planning accomplished through the grant, the therapists are able to bill for services, which is expected to generate revenue to sustain the counseling positions.

**THE MONTANA HEALTHCARE FOUNDATION'S
2020 YEAR IN REVIEW**



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**MONTANA
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