



MENTAL HEALTH LOCAL ADVISORY COUNCIL

July 14, 2025

12:00 – 2:00 PM

Gallatin County Courthouse Community Room and Via Zoom

Voting Members Present- Erin Taylor, Ryan Mattson, Lori Christenson, Anthea George, Lori Shanahan, Andrea Lower, Ben Frentsos, Bekki McLean, Eric Szemes, Nicole Madden, Commission Jennifer Boyer, Margaret Kachadurian, Yvonne Rudman, Steve Nash, Todd Lester

Non-Voting Members Present

Voting Members Absent- Susan Gregory, Tom Peluso, Shawna Lockhart, Amanda Roesenkoetter, Jennifer Madgic

Guests- April Smith (MTVA Suicide Prevention, KGVM, Dr Jennifer Franklin (Director of MSU research on recovery), Katheryn Houghton (Kaiser), Kayte Kaminski, Glenn Close, Others not identified present with community group.

Staff

- Call to Order- Erin Taylor called the meeting to order.
- Roll Call- Nicole Madden took attendance.
- Approval of Minutes: June 2025 minutes – Erin Taylor approved the minutes as distributed.
- Public Comment- None
- Committee Reports and Updates
 - Strategic Planning Committee- Amanda M retained to support communications/marketing plans. Pending contract and initiation of media committee to support her work.
 - Membership Committee- Term renewals upcoming-Need recommendation from membership committee on 2 positions, one opening holding for Alcohol/Drug Services position,
 - Accounting- Tom P absent, no accounting report provided.
 - Central Service Area Authority- Be watching emails for flyers/informational attachments on various upcoming events and some resources that are pertinent to our group. Otherwise, CSAA focused on integrating into various groups and projects to support and sustain lived experience perspectives represented and ensure communication.
 - Gallatin Behavior Health Coalition Update- Pursuing funding to support refresh at current warming center to create space for crisis services or DIC type services. Upcoming meeting with county to discuss potential for funding sources for this project on Tues 7/15. Do have new organization with Sage Behavioral Health that has arrived in town- operated by former leaders from L'espirit offering case management and some other services as it establishes.

- Gallatin County Commission-
 - working with Health dept to support availability of Narcan for next 4-6 months, ensuring funding available to purchase supplies and increase access.
 - Opioid Trust Funding RFP announced with up to \$750k available between Bozeman and the county. Applications due 8/15 for consideration of this funding. Committee review for funding dispersal following this due date.
 - County has committed to support the mobile crisis contract for an additional 4 months to maintain services while efforts to secure reimbursement from the state continue. Will still likely be a need for additional operating funding support above the ongoing community support. State funding with current reimbursements still inadequate. Anthea inquired how LAC could support getting state attention and support to sustain the program- Kirsten's response that we continue to work with legislators but need direct connection with Gianforte for higher level decisions. Rick Gale questions how VA could support access to mobile crisis, especially on weekends and after hours when VA not open for services. April Smith with MTVA Suicide Prevention going to inquire "up the chain" to see about possible VA supports. Discussion around process to have mobile crisis supported under Sheriff's department or other county entity to support long term funding and sustainability. Jennifer B discusses would need community supports, possible vote on concept, draft ideas on what's included in proposal, operational considerations, and other points of discussion. Not yet to point in conversation to have a fully encompassing plan developed to move forward. Lori S going to share MT Mental Health Ombudsmen contact information as another source of contact with governor's office
 - AOT/Community commitment has begun serving clients in the community.
- Unfinished Business
- New Business
 - Lighthouse Ranch-
 - Dr Katey Franklin (MSU): Youth mental health programming to address rising crisis for youth in Gallatin County. Dr Franklin's talking points neither positive or negative in response to current community efforts and is not representative of MSU or its affiliates. Vital to understand programs that exist and recognize next steps and gaps. Review of key statistics related to suicide, mental illness, and services across the state including risk factors. Katey's role is to conduct research around prevention models to support access to youth services in an "upstream approach". Finding found gaps in support roles, access to preventive care, teaching/learning opportunities, developing coping skills, coordinating family supports. Research tells us preventive measures similar to those listed above reduces suicide. Completion of statewide needs assessment related to youth mental health- post pandemic experiences and needs. Created assessment tool- need paraprofessionals to provide direct one to one school supports, school-based supports, community- based supports-rural support, online programs, workforce development. School connectedness and systems-based approach to prevention reduces risk, encouraged engagement, and leverages efforts by school communities and MT Office of Public Instruction. School connectedness- sense of belonging in school with connection to an adult within the school system. There is a K-12 school-based program in Great

Falls that is meeting state-based regulations but provides a unique experience of mentoring of older students with younger students demonstrating results in reduction of disruptions, improving outcomes. Each community has a bit of a different approach, not right or wrong, each tackling a piece of the efforts in a different way that meets their community needs.

- Presentation interrupted by zoom link spam display and zoom link closed. Zoom link remained closed to meeting participants but re-opened to record remainder of presentation for view by those absent in-person meeting.
- Yvonne's Presentation: Brings forth questions regarding funding for the youth campus primarily coming from community entities and fundraising activity, unsure of representation and investment from YBGR itself. Brings forth concerns of investigation by law firm in Billings and sites episodes of abuse of kids in previous years and concerns of YBGR offering a safe operating model ensuring safety of children in care. Concerns of tertiary type of model offered by YBGR rather than a "prevention based" model that could serve more volumes of youth across the community. Advocates for a school-based program in a safe non-commercial based environment to provide care for the greatest number of youth across the system. If YBGR selected to operate this facility, would hope there could be some implemented guardrails to support safe operations, clearly defined outcomes, services provided and by whom, scope of work, staffing timelines, finances, and community partnerships. Questions sustainability and financial viability of YBGR programming should Medicaid funding be cut or other government resources are not available. With the addition of adult services in our community, advocates that the community now turn its focus to the development of preventive measures and access to care for the greatest number of youth across our community.
- Public comment:
 - Ryan shares appreciation for the consideration of "upstream" preventive approaches. Has reviewed online information, consumer reviews, etc. and recommends some follow up questions to YBGR to clarify details of accusations, any changes to process or protocols as a result, corrective action or process improvement, what is current hiring processes especially related to background checks, training/orientation processes, professional boundary protocols, oversite/monitoring, safety processes, organization accountability for action. Has questions to be clarified to ensure YBGR is correct partner for our community. Questions if LAC needs to reconsider its position of support as a whole pending ongoing clarification of information.
 - Jennifer Boyer: Appreciates members bringing forward questions and concerns for consideration and also advises that the county has received some responses to questions but recommends collating questions from the LAC and assemble opportunity for dialogue for any not answered with the existing responses. Shared details of the responses from YBGR thus far received regarding allegations of abuse.
 - Anthea requests clarification if intent on conversation if to clarify concerns regarding YBGR specifically operating the scope of services vs the validity of having the variety of services offered at the youth campus in general. Yvonne indicates her position has changed due to education she has received

and questions if utilizing county supports for YBGR vs investment in school-based programs.

- Chad (school system): acknowledges engaging multi-tiered system of supports within the local school systems. When engaging in MTSS, they use the data shared by Dr Franklin as a guide for their efforts with some key differences- shares they consider 100% of kids in tier one, and if considering the kids requiring services in each tier, can create a sustaining system. Identifies the school system is working towards a student wellness goal- providing school counselors, relationship with Intermountain for access to care, etc. With all this effort, still sees that 80% of kids are not necessarily responding favorably. Looking to add a suicide prevention specialist to the team. Utilizing school safety levy to support upstream efforts. Even with all these efforts, still see a high and ongoing suicide rate and a need for other access for those students who need more than what can be provided in the school system. Its not an either/or situation. Through partnership with coalition and other community partners have identified other care needs and gaps in care for the community. Family's still need to leave the community to access right level of care- do not have crisis response system for youth or easy access to higher level concerns. Recommending disconnecting the concerns about YBGR and the need for services at the youth campus and exploring these separately.
- Cola clarifies the county funding was provided to support the purchase of the property, not to support the funding of YBGR operations. The money has been committed and the real estate purchased. They have steps of contingency to cover possible missteps in process to purchase the campus and get services.
- Ryan- state has failed our communities in support of mental health services and recognizes worsening of services with reduction of crisis services from 7 crisis facilities to now none across the state- things continue to get worse across the state due to funding sources, reimbursement, etc. Identifies need to separate concerns with YBGR vs concerns with which services to continue, start, or end. Need to engage the state to make necessary changes to sustain services.

- Bylaw Review

- Steve N- expresses distress surrounding lack of protocol/procedure to speak on behalf of the LAC with media, community groups, etc. Also recognizes needs to differentiate public comment on one's behalf vs as a representative of the LAC.

- Agenda Suggestions- Email Erin T with any future meeting agenda items.
- Announcements- Need a committee to support Amanda's work in creating our marketing/community communications campaign. Steve N will send correspondence on that effort.
- Public Comment: Beth S.- recommends getting Bozeman Health to take care of kids in the community. Also expressed concerns about Big Beautiful Bill coming that may impact school funding, crisis funding, and other services.
- Adjournment- Erin Taylor adjourned the meeting

- Next Meeting is Monday August 11 at 12 pm. This meeting will be held at Bozeman Health- first 15-20 minutes will be group meeting, remainder of time will be opportunity for LAC to tour the new inpatient adult psychiatric unit.

Erin Taylor, Board Chair

UPSTREAM PREVENTION:

Supporting Youth Mental Health Before Crisis Hits



Montana's youth mental-health crisis demands a universal, prevention-first, systems-based response in Montana schools—built on trusted relationships, adequate school staffing, evidence-based curricula, and continuous professional development for school communities.

Prevention is key; the crisis is clear.

- Among high-schoolers 43% have felt hopeless for ≥2 weeks, 26% seriously considered suicide, 11% attempted (16,344 students) Within a typical high school classroom, it is likely that three students have made a suicide attempt in the last year.
- Suicide is the number one cause of preventable death for children ages 10-14, and Montana has ranked in the top five for suicide completion rates in the nation for the past 30 years (CDC, 2023; DPHHS, 2024). Montana has a high suicide completion rate for many reasons. These include altitude, socioeconomic factors, vitamin D deficiency, social isolation, access to lethal means (guns), stigma about mental health, alcohol as a coping strategy, and lack of behavioral health services. The biggest factor associated with adolescent suicidal ideation is parental disconnect (not feeling validated or accepted by their parents) (Rosston, 2024; DPHHS, 2024).

Schools want this, and are already engaging this preventative process

- Statewide Needs Assessment: #1 articulated need identified by school personnel:
 - o 250 educators responded; teachers, administrators, staff, counselors.
 - o **More access to school-based mental health services and professionals (82%), increasing community mental health support for parents, guardians, and families (81%),** classroom activities targeting gifted/ talented and/or advanced learners (77%), and hiring more paraprofessionals to help provide 1:1 services for high social/emotional behavioral needs students; 1:1 student classroom aides (75%).
- Multi-Tiered Systems of Support (MTSS), and private/public sectors, higher acuity needs
 - o 148,585 K-12 kids in Montana public schools
 - o Tier One: 80% of kids (118,868 students/year)
 - o Tier Two: 15% of kids (22,288 students/year)
 - o Tier Three: 5% of kids (7,429 students/year)
 - o Partial Hospitalization Programs (3 programs in state), Acute Inpatient Psychiatric Units, Residential Group Homes, in-school Comprehensive School and Community Treatment (serves approximately 2,500 kids/year, in total)
 - o Psychiatric Residential Treatment Facilities in Montana, in-patient (approximately 180 kids/year)
- *Tier One Interventions:* School Counselors, Youth Aware Mental Health (YAM, 11,000 students receive this), Signs of Suicide (SOS), Second Step guidance curriculum, School Screeners (RBHI), PAX Good Behavior Game, School Counselors required at 400:1 ratio, per Office of Public Instruction, Mentorship Programming
- *Tier Two Intervention:* Group support, Special Education Identification, 504 plan, 1:1 support
- *Tier Three Intervention:* CSCT programming, self-contained, administrative intervention

Center for Disease Control (CDC) Recommendation to address Youth Mental Health crisis (CDC, 2024)

- School Connectedness, safe and supportive environments; quality health education: improves mental health in students, lowers risky behaviors (sexual risk, substance use, suicidality, violence, classroom behaviors)

Recommendations & Call to Action

- Robust “Whole Child Learning” programming, we need MORE preventative mental health services with adequate, qualified, and licensed staffing in school communities (OPI, 2025)
- Continued continuing education for school communities (staff and families), vetted mentoring programs, online training programs, lower school counselor: student ratio to 1:250