

**Madison County, Montana
Community Mental Health Needs
Assessment: Results and Analysis**

Prepared for the
Madison County Mental Health
Local Advisory Council

by

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Executive Summary

Members of the Madison County Mental Health Local Advisory Council (MCMHLAC) and researchers from the Boise State University Center for Health Policy (BSU-CHP) collaborated to conduct a multimodal assessment of the mental health needs of residents of Madison County, Montana. Surveys and interview protocols were developed collaboratively between members of the MCMHLAC and BSU-CHP (and in some cases, based heavily on mental health needs assessments used in other states, such as North Dakota), and administered to key stakeholder groups in Madison County, which included county residents, mental health service providers, and other professionals who may interact with persons in need of mental health care. Surveys and interviews were conducted in the fall of 2015. By the time data collection was terminated, web-based and paper surveys were completed by 120 residents, 28 mental health service providers, and 56 professionals. Interviews were completed by 18 residents and 29 service providers and other professionals (these interviews were all conducted in person by MCMHLAC members). All data were analyzed by members of the BSU-CHP research team, and the results are presented in this report.

Survey Results

Perhaps the most interesting results from the three surveys were those that demonstrated remarkable similarities in perceptions of different stakeholders regarding the top mental health concerns, services most needed, and barriers to utilizing mental health care in Madison County. For example:

- All three stakeholder groups collectively perceived the following as one of their top five concerns regarding the delivery of mental health services in Madison County:
 - Adequate access to mental health care (ranked highest among all three groups)
 - Adequate number of mental health providers/specialists
 - Wellness and prevention services
 - Adequate addiction/substance use services
- All three stakeholder groups collectively perceived the following as one of the five most-needed mental health concerns to better serve Madison County residents:
 - Mental health services provided by mental health professionals (ranked highest among all three groups)
 - Substance abuse prevention/education
 - Mental health education
 - Crisis facility for assessment, stabilization, and referral
- All three stakeholder groups collectively perceived the following as one of the top five barriers to utilizing mental health care in Madison County
 - Lack of mental health professionals/specialists
 - Distance from mental health facility/provider
 - Stigma associated with mental health services
 - Lack of awareness of mental health services

Members of each stakeholder respondent group were asked to rate their level of agreement with statements regarding mental health care in Madison County. The statements were tailored to the experiences of each group so no direct comparison of results is possible, however, the statements most and least strongly agreed with are telling:

- The statements *most* often agreed with for residents were “I feel educated about substance abuse,” “I know one or more Madison County residents who have been unable to access the mental health care they need,” and “I am comfortable seeking mental health services.” The statements *least* often agreed with for Madison County residents were “The mental health needs of Madison County are being adequately met,” “There are adequate affordable mental health resources for low-income residents,” and “Children (< 12 years) have adequate resources available to them to address their mental health needs”
- The statements *most* often agreed with for mental health service providers were “Mental health services in surrounding communities utilize evidence-based treatments and therapies,” “I feel comfortable making referrals to mental health services in nearby communities,” and “I feel comfortable making referrals to mental health services in Madison County.” The statements *least* often agreed with for mental health service providers were “The mental health needs of Madison County are being adequately met,” “Veterans have adequate resources available to them to address their mental health needs,” and “Seniors (65+ years) have adequate resources available to address their mental health needs”
- The statements *most* often agreed with for professionals were “The efforts of mental health professionals are supported in the community,” “I feel comfortable making referrals to mental health services in nearby communities,” and “Mental health clients are supported by their community throughout their treatment process.” The statements *least* often agreed with for professionals were “People needing mental health services receive them in a timely manner,” and “There are adequate affordable mental health resources for low-income residents”

Interview Results

The interview protocols and questions were quite different for Madison County residents and service providers, so it is not possible to assess them for similarities—with one exception. Both resident and service provider interviewees were asked questions about the extent to which they believed mental health and substance abuse to be problems in Madison County; in both cases, the problems were more often perceived as large by residents than by service providers

- Major findings from the resident interviews included the following:
 - Nearly half reported having a mental health diagnosis themselves, and nearly 60% reported having a family member with a mental health diagnosis

- **Half were unaware of any mental health services in Madison County**
- **When asked how access to mental health services and professionals might be improved in Madison County, the most common response themes were to hire (more) mental health professionals, to require mental health training in a variety of venues, and to address or combat stigma associated with mental health problems**
- **Most interviewed residents reported that access to mental health services was inadequate for their own needs, and all reported it was inadequate for the needs of other residents**
 - **Well over half of the resident interviewees reported having traveled or knowing someone who had to travel more than 60 miles to access needed mental health care**
- **Most residents did not feel able to comment on the quality of local mental health professionals or facilities, but among those who did, they much more often rated the quality of both as poor than good or great**
- **Major findings from the service provider interviews included the following:**
 - **Most interviewees worked in a medical setting or a mental health setting**
 - **Nearly 40% reported seeing clients for treatment or counseling related to a mental health diagnosis, and approximately the same percentage reported working with clients in mental health emergency, crisis, or criminal contexts**
 - **Levels of training on mental health issues ranged widely. Whereas some interviewees had extensive training resulting from advanced degree programs, less than 15% reported receiving training for mental health crises, and less than 10% reported receiving training related to suicide prevention**
 - **The most commonly reported mental health problems the providers faced in their work included depression, stress/anxiety, bipolar disorder, trauma (including post-traumatic stress disorder, or PTSD), and substance abuse**
 - **When asked about major challenges faced by Madison County in regard to health care, the most common response themes included a lack of resources and services, socio-economic factors (such as poverty, unemployment, lack of housing and education), care facility issues (such as shortage of staff and high staff turnover), and lack of accessibility to services due to distance and long travel times**
 - **The most common themes regarding changes that could be made to better address mental health concerns in Madison County included increasing the number of counselors and therapists throughout the county, increasing the availability of services, and improving access to crisis services**

Methodology

The methodology for the 2015 Madison County Community was jointly developed by members of the MCMHLAC and the BSU-CHP evaluation team. It was deliberately designed to be multimodal (i.e., to use more than one type of data collection strategy) and to engage a wide range of stakeholders. The various elements of the study methodology are described in detail below.

Survey

The Madison County Community Mental Health Needs Assessment Survey was designed to evaluate the perceptions of community members of Madison County regarding mental health care access, availability, and utilization. Surveys were created, based in large part, on other rural health needs assessments, namely several completed in Pennsylvania, North Dakota, and Alaska. The surveys were designed to solicit meaningful information from members of three sub-populations: 1) community residents who may or may not have experience with mental health issues; 2) service providers who directly provide mental health services to those in need; and 3) professionals who interact on a daily basis with people who may have mental health issues but do not directly provide mental health services.

Prior to the beginning the data collection portion of the needs assessment, members of the MCMHLAC advertised the effort in a county newspaper and encouraged participation through community networking. In September 2015, an online survey was created and disseminated utilizing Qualtrics survey software; survey data were collected over a nine-week period and stored on the BSU-CHP server. Paper copies of the community resident survey were also made available to residents at a local library. Surveys for service providers and other professionals were only available on-line. Paper copies of the surveys, stripped of any individuating information that could identify who completed them, were mailed by a MCMHLAC member to the researchers at the BSU-CHP.

All three versions of the survey were designed to gather information on the following issues:

- The top concerns regarding the current state of mental health services in Madison County
- The most needed mental health services (as perceived by respondents)
- The top barriers Madison County residents face when accessing mental health services
- Current use and availability of mental health services in Madison County and surrounding areas

Demographic data were also collected. These data differed somewhat as a function of survey respondent group, as noted below:

Residents

- General demographic information, including: Age, gender, marital status, income, highest level of education, veteran status, and whether the respondent and/or a member of the respondent's family had a mental health diagnosis

- Health insurance information, including: Insurance status (whether or not one had health insurance) and insurance type

Mental Health Service Providers

- Professional and organizational characteristics, including: Type of organization represented (e.g., hospital or medical center, mental health center), age categories of clients served, number of years spent working in a rural setting, and accepted forms of payment (e.g., Medicaid, private insurance, fee for service)

Other Professionals

- Professional and organizational characteristics, including: Type of organization represented (e.g., educational institution or law enforcement agency) and number of years spent working in rural setting

As noted earlier, community members were invited to complete surveys through a local promotional campaign spearheaded by MCMHLAC members. To help answer any questions regarding the needs assessment effort, telephone numbers of key MCMHLAC members were listed on the surveys as a resource. At the end of the data collection period, surveys had been completed by 120 residents, 28 mental health service providers, and 56 professionals. The findings from these surveys can be found in the first part of the Results section of this report. The three survey tools can be found in Appendix A.

Interviews

To glean additional data, and especially to allow community members to express their perceptions about mental health issues in their own words, an interview protocol and questions were developed collaboratively and used by MCMHLAC members to interview key resident stakeholders and mental health service providers. Interviewees were selected based on experience with mental health services in Madison County and surrounding areas as well as through a snowball sampling procedure (i.e., asking selected interviewees whether they knew of others who could provide additional insights). Respondents included those with first-hand experience accessing (or not being able to access) mental health services in Madison County, hospital administrators, medical doctors, social workers, psychologists, law enforcement officers, and educators. Topics covered included perceptions of the prevalence of mental health (and substance abuse) problems in Madison County, barriers to mental health service access, and most pressing mental health service needs.

Interviews were conducted in-person and transcribed by MCMHLAC members, who then sent the transcripts to the BSU-CHP team for compilation and analysis. The interview protocol and questions for residents and mental health service providers are provided in Appendices B and C. Typically, the interviewers loosely followed the script and used prompts as needed. Questions were adapted from materials developed by the Institute for Public Policy and Economic Development at Wilkes University and the Center for Rural Health at the University of North Dakota. By the end of the data collection period, interviews had been completed with 18

residents and 29 mental health service providers. The findings gleaned from these interviews are presented in the second part of the Results section of this report.

Survey Results

Madison County Resident Survey Results

Respondent Demographics

A total of 120 respondents completed a resident survey

- *Residency Status:* 95% of those who completed an item on residency status (four respondents did not) reported being full-time residents of Madison County, with the remaining 5% reporting part-time residency
- *Closest Community:* As seen below in Figure 1, among those who reported which Madison County community they lived in or were closest to (four respondents did not), the majority lived in or were closest to either Ennis (41%) or Sheridan (27%), with smaller but significant numbers of respondents reporting living or closest to Virginia City (10%), Twin Bridges (9%) or Alder (8%)
- *Gender:* 84% of those who completed an item on gender (29 respondents did not) reported being women, with the remaining 16% reporting being men
- *Age:* Among those who reported their age (29 respondents did not), the median age was 59 years with a range in ages from 23 to 92. As seen below in Figure 2, 37% of the respondents fell into an age category of 50-64, with 31% being 65-79, and 21% being 35-49 years of age
- *Marital Status:* 68% of those who completed an item on marital status (29 respondents did not) reported being married, with 19% reporting being divorced and 9% reporting being widowed
- *Veteran Status:* 91% of those who completed an item on veteran status (29 respondents did not) reported that they were not veterans of the U.S. armed forces, with 9% reporting being a veteran
- *Health Insurance Status:* 89% of those who completed an item on health insurance status (29 respondents did not) reported that they had at least some type of health insurance
- *Health Insurance Type:* Among those who reported the type of health insurance they had (39 respondents did not):
 - 62% reported having private insurance
 - 44% reported being covered by Medicare
 - 7% reported being covered by Medicaid
 - 5% reported being covered by the Veterans Administration
 - 9% reported being covered by some other type of insurance (e.g., group or supplemental insurance)
 - 23% reported being covered by more than one type of insurance
- *Family Mental Health:* 41% of those who completed an item on family mental health status (30 respondents did not) reported having someone in their family who has a diagnosed mental health issue
- *Personal Mental Health:* 18% of those who completed an item on personal mental health (29 respondents did not) reported having a diagnosed mental health issue

- 2% of those who completed an item on undiagnosed mental health issues reported believing they had an undiagnosed mental health issue, and an additional 10% reported believing that they ‘maybe’ had an undiagnosed mental health issue
- **Transportation:** Fully 97% of those who completed an item on car ownership (32 respondents did not) reported owning a car
 - Of the 63 seniors who completed an item on use of the senior citizen bus system, only two (or 3%) reported its use
- **Employment Status:** As seen below in Figure 3, the majority of respondents who completed an item on employment status (30 did not) reported being employed for wages (37%), retired (31%), or self-employed (21%)
- **Household Income:** 55% of those who completed an item on annual household income (35 did not) reported such an income as being between \$25,000 and \$74,999; 22% reported an annual household income below \$25,000 and 21% reported one as between \$75,000 and \$149,999
- **Education Level:** 70% of those who completed an item on highest level of school completed (29 did not) reported having either an undergraduate or technical school degree or a graduate or professional degree (35% each); 18% reported some college or technical school training and 12% reported being a high school graduate

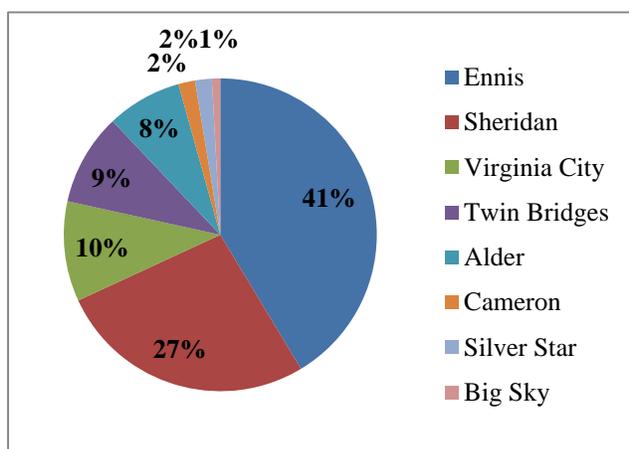


Figure 1. Community

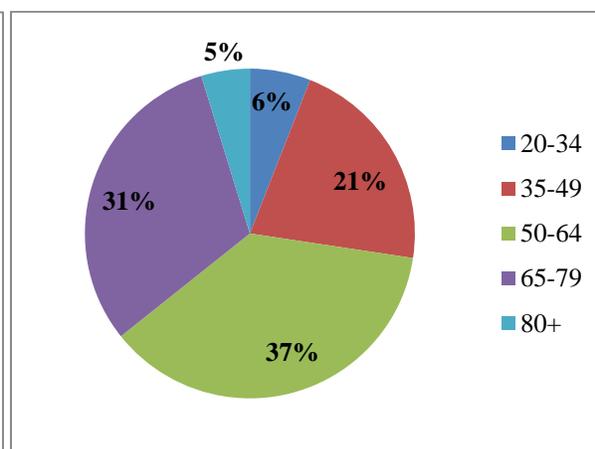


Figure 2. Age

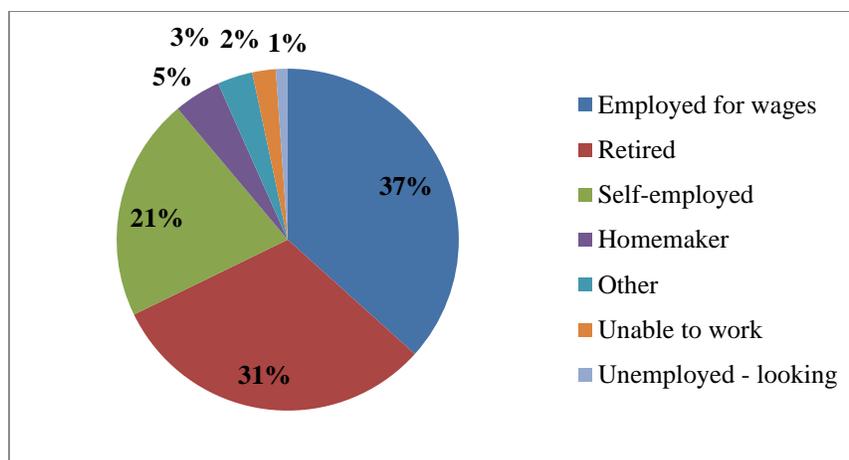


Figure 3. Employment Status

All respondents to the resident survey were asked to select the top five concerns they perceived regarding the delivery of mental health services in Madison County. They were presented with 13 options from which to choose. As seen below in Table 1, among the 106 respondents who completed this item, over 70% indicated that they believed access to mental health services was a top concern, with sizable percentages also selecting an adequate number of mental health providers (50%), wellness and prevention services (42%), and adequate violence support services (42%). The least commonly selected topics included integration of physical and behavioral health care (21%), financial viability of hospital/mental health agency (25%), and adequate number of health care staff (29%). One respondent selected more than five concerns and therefore his or her data was excluded from analysis.

Concern	Number of Responses	% of Total Responses
Adequate access to mental health services	75	71%
Adequate number of mental health care providers/specialists	53	50%
Wellness and prevention services	45	42%
Adequate violence support services	44	42%
Adequate addiction/Substance use services	38	36%
Availability of mental health crisis services	36	34%
Adequate suicide prevention services	35	33%
Cost of health care	35	33%
Adequate time for primary care physicians to treat and diagnose mental health disorders	33	31%
Adequate mental health training	32	30%
Adequate number of health care staff	31	29%
Financial viability of hospital/mental health agency	27	25%
Integration of physical and behavioral health care	22	21%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the resident survey were invited to comment further, in their own words, about their concerns regarding mental health service delivery in Madison County. Specifically, they were invited to: 1) elaborate on the top five selections they had made; 2) discuss how their areas of concern impact themselves or people they know; and 3) discuss how their areas of concern impact Madison County residents as a whole. A total of 27 responses were made to at least one of the sub-questions (25 to the first, 27 to the second, and 27 to the third). All comments in response to each of the sub-questions are presented in Appendix D.

All respondents to the resident survey were next asked to select the top five mental health care services that were needed to better serve Madison County residents. They were presented with 14 options from which to choose. As seen below in Table 2, among the 103 respondents who completed this item, over two-thirds indicated that they believed mental health services offered by mental health professionals were needed to serve county residents, with just around half also

selecting substance use prevention/education and mental health education. The least commonly selected topics included tele-health technology (8%), daycare (15%), and residential treatment facilities (15%). One respondent selected more than five concerns and therefore his or her data was excluded from analysis.

Table 2: Mental Health Care Services Needed to Better Serve Madison County		
Needed Service	Number of Responses	% of Total Responses
Mental health services provided by mental health professionals	70	68%
Substance use prevention/education	53	51%
Mental health education	50	49%
Community-based programs	42	41%
Initial mental health screenings by primary care physicians	38	37%
Crisis facility for assessment, stabilization, and referral	38	37%
Volunteer crisis support team	33	32%
Peer support groups	26	25%
Transportation to/from mental health services	24	23%
Home health	24	23%
Case management services	23	22%
Residential treatment facilities	15	15%
Daycare	15	15%
Tele-health technology	8	8%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the resident survey were invited to comment further, in their own words, about their concerns regarding what mental health services were needed to better serve Madison County residents. A total of 17 comments were made in response to this item. All comments are presented in Appendix D.

Third, all respondents to the resident survey were asked to select top five barriers that prevent Madison County residents from receiving mental health care. They were presented with 14 options from which to choose. As seen below in Table 3, among the 98 respondents who completed this item, nearly 90% reported a lack of mental health professionals/specialists as a top barrier. Two-thirds each indicated that they believed distance from a mental health facility/provider and the stigma associated with mental health services to be barriers. The least commonly selected barriers included inability to get appointments (8%), lack of evening hours (9%), and lack of crisis care (13%). Three respondents selected more than five concerns and therefore their data excluded from analysis.

Barrier	Number of Responses	% of Total Responses
Lack of mental health professionals/specialists	87	89%
Distance from mental health facility/provider	65	66%
Stigma associated with mental health services	65	66%
Lack of awareness of local mental health services	44	45%
Lack of insurance	38	39%
Lack of affordable care	34	35%
Lack of preventive care	23	23%
Lack of confidentiality	19	19%
Lack of continuity of care	19	19%
Lack of transportation or transportation services	18	18%
Resistance from family, friends, and/or employer	17	17%
Lack of crisis care	13	13%
Lack of evening or weekend hours	9	9%
Inability to get appointments	8	8%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the resident survey were invited to comment further, in their own words, about their perceived barriers that prevent Madison County residents from receiving mental health care. A total of 13 comments were made in response to this item. All comments are presented in Appendix D.

Lastly, all respondents to the residents survey were asked to rate a series of statements regarding mental health care in Madison County on a scale from 1 to 5 where 1 = *Strongly Disagree* and 5 = *Strongly Agree*. As seen below in Table 4, the statements most strongly agreed with (evidenced by higher mean or arithmetic average scores) were: 1) “I feel educated about substance abuse” (3.6); 2) “I know one or more Madison County residents who have been unable to access the mental health care they need” (3.5); 3) “I am comfortable seeking mental health services” (3.3); and 4) “I trust that my information will remain confidential if I seek services through a health care facility” (3.2). Also as seen in Table 4, the statements least strongly agreed with (evidenced by lower mean or arithmetic average scores) were: 1) “The mental health needs of Madison County are being adequately met” (1.6); 2) “There are adequate affordable mental health resources for low-income residents” (1.6); 3) “Children (< 12 years) have adequate resources available to them to address their mental health needs” (1.7); and 4) “Youth (aged 12-18) have adequate resources available to them to address their mental health needs” (1.7).

Table 4: Care Availability and Utilization					
Statement	N	M	Min	Max	Don't Know
The mental health needs of Madison County are being adequately met.	61	1.6	1	3	8
<i>I feel comfortable seeking mental health services.</i>	79	3.3	1	5	2
I know where to seek help for mental health concerns.	73	2.7	1	5	5
<i>I feel educated about substance abuse (e.g. prevention, treatment).</i>	86	3.6	1	5	1
I know where to seek help for substance abuse.	73	3.0	1	5	5
Veterans have adequate resources available to them to address their mental health concerns.	55	2.0	1	5	5
Local schools have adequate mental health services.	50	1.9	1	5	12
Local nursing homes and assisted living facilities have adequate mental health services.	36	2.0	1	3	19
Children (< 12 years) have adequate resources available to them to address their mental health needs.	47	1.7	1	4	12
Youth (12-18 years) have adequate resources available to them to address their mental health needs.	51	1.7	1	4	11
Seniors (65+ years) have adequate resources available to them to address their mental health needs.	52	1.8	1	5	9
There are adequate affordable mental health resources for low-income residents.	46	1.6	1	4	14
Mental health clients are supported by their mental health service provider throughout the treatment process.	37	2.4	1	4	19
Follow-up services are available and accessible to mental health clients (e.g. peer support, case management).	44	2.0	1	5	14
There are mental health professionals that I trust in my community.	52	2.0	1	4	12
There are mental health professionals that I trust in nearby communities.	47	3.0	1	5	14
<i>I know one or more Madison County residents who have been unable to access the mental health care they need.</i>	51	3.5	1	5	12
I feel comfortable recommending local mental health services.	66	2.4	1	5	7
<i>I feel comfortable recommending the mental health services in nearby communities.</i>	62	2.9	1	5	8
<i>I trust that my information will remain confidential if I seek services through a health care facility.</i>	65	3.2	1	5	6

Note: M = the mean score, or the arithmetic average of all scores. Statements in bold received the lowest average score; Statements in italics received the highest average scores. Respondents were also able to select “I don’t know”; these responses were excluded in the calculations of average scores.

Madison County Mental Health Service Provider Survey Results

The service provider survey was completed by 28 respondents. ‘Mental health service providers’ were defined as those that provide mental health services to community residents experiencing mental health issues. All respondents to this survey were asked several demographic questions, the first of which was the type of professional organization they represented. As seen below in Table 5, the largest percentage of respondents who completed this item (four did not) reported representing a hospital or medical center or an “other” organization (nearly 30% each) for which a response category did not exist (respondents who selected “Other” were asked to note what type of organization they worked for, and the organizations listed included assisted living, law enforcement, massage therapy, and public health). One-quarter of the respondents reported representing primary medical care organizations, with a smaller number representing a mental health center or a private practice.

Organization Type	Number of Responses	% of Total Responses
Hospital or medical center	7	29%
Other	7	29%
Primary medical care	6	25%
Mental health center	3	13%
Private practice	1	4%

Note. Percentages are rounded to whole numbers.

On the second demographic item, all respondents to the service provider survey were asked to select the age groups served by their organization; the respondents could select as few or as many categories as was appropriate. As seen below in Table 6, over half of the respondents reported that their organizations served adults aged 18-64 years, and half reported that their organization served seniors aged 65+. The age category least often reported as being served by the respondents’ organizations was youth aged 11 or younger (just under 40%).

Age Group	Number of Responses	% of Total Responses
< 12 years	11	39%
12-17 years	12	43%
18-64 years	15	54%
65+ years	14	50%

Note. Percentages are rounded to whole numbers. Respondents could select up to four choices so the total percentage exceeds 100.

The third demographic item asked service providers what forms of payment were accepted by their organizations; multiple selections were again allowed in response to this item. As seen in Table 7 below, the most frequently reported accepted forms of payment were private insurance

and Medicare (both nearly 40%) followed by Medicaid (36%). Slightly over one-fifth of the respondents reported that their organizations accepted fee for service payment or an “other” type of payment (“Other” forms of payment specified by respondents include financial assistance, sliding scale, VA coverage, and the Montana Mental Health Services Plan).

Form of Payment	Number of Responses	% of Total Responses
Private insurance	11	39%
Medicare	11	39%
Medicaid	10	36%
Fee for service	6	21%
Other	6	21%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

After completing the relevant demographic items, all respondents to the service provider survey were presented with the same four items presented on the resident survey. First, the service providers were asked to select their top five concerns regarding the delivery of mental health services in Madison County. As seen below in Table 8, among the 19 mental health providers who completed this item, the top service delivery concern was adequate access to mental health services (63%), followed by adequate mental health training (47%), and adequate addiction/SUD services and adequate number of mental health providers/specialists (both 42%). The least commonly selected topics included adequate time for primary care physicians to treat and diagnose mental health disorders and financial viability of hospital/mental health agency (both 11%), followed by adequate number of health care staff (16%).

Concern	Number of Responses	% of Total Responses
Adequate access to mental health services	12	63%
Adequate mental health training	9	47%
Adequate addiction/Substance use services	8	42%
Adequate number of mental health providers/specialists	8	42%
Adequate suicide prevention services	6	32%
Integration of physical and behavioral health care	6	32%
Wellness and prevention services	5	26%
Cost of healthcare	4	21%
Adequate violence support services	4	21%
Adequate number of health care staff	3	16%
Financial viability of hospital/mental health agency	2	11%
Adequate time for primary care physicians to treat and diagnose mental health disorders	2	11%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the service provider survey were invited to comment further, in their own words, about their concerns regarding mental health service delivery in Madison County. Specifically, they were invited to: 1) elaborate on the top five selections they had made; 2) discuss how their areas of concern impact themselves as service providers; 3) how their areas of concern impact their programs; and 4) how their areas of concern impact Madison County residents. A total of eight responses were made to at least one of the sub-questions (three to the first, six to the second, three to the third, and eight to the fourth). All comments are presented in Appendix D.

All respondents to the service provider survey were next asked to select the top five mental health care services that were needed to better serve Madison County residents. They were presented with 14 options from which to choose. As seen below in Table 9, among the 16 respondents who completed this item, fully three-fourths indicated that they believed mental health services offered by mental health professionals were needed to better serve county residents, with 56% each also selecting substance use prevention/education and a crisis facility for assessment, stabilization, and referral. The least commonly selected topics included daycare, peer support groups, and home health (all 13%).

Needed Service	Number of Responses	% of Total Responses
Mental health services provided by mental health professionals	12	75%
Substance use prevention/education	9	56%
Crisis facility for assessment, stabilization, and referral	9	56%
Mental health education	8	50%
Initial mental health screenings by primary care physicians	7	44%
Volunteer crisis support team	5	31%
Tele-health technology	4	25%
Transportation to/from mental health services	4	25%
Case management services	4	25%
Community-based programs	4	25%
Residential treatment facilities	4	25%
Home health	2	13%
Peer support groups	2	13%
Daycare	2	13%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the service provider survey were invited to comment further, in their own words, about their concerns regarding what mental health services were needed to better serve Madison County residents. A total of three comments were made in response to this item. All comments are presented in Appendix D.

Third, all respondents to the service provider survey were asked to select top five barriers that prevent Madison County residents from receiving mental health care. They were presented with 14 options from which to choose. As seen below in Table 10, among the 16 respondents who completed this item, nearly half reported distance from a mental health facility/provider and a lack of mental health professionals/specialists (both 46%). One-third indicated that they believed stigma associated with mental health services to be a major barrier. The least commonly selected topics included lack of continuity of care (4%), and resistance from friends, family, and/or employer and inability to get appointments (both 7%)

Barrier	Number of Responses	% of Total Responses
Distance from mental health facility/provider	13	81%
Lack of mental health professionals/specialists	13	81%
Stigma associated with mental health services	9	56%
Lack of crisis care	8	50%
Lack of affordable care	6	38%
Lack of awareness of local mental health services	6	38%
Lack of transportation or transportation services	5	31%
Lack of evening or weekend hours	4	25%
Lack of preventive care	4	25%
Lack of confidentiality	3	19%
Lack of insurance	3	19%
Inability to get appointments	2	13%
Resistance from friends, family, and/or employer	2	13%
Lack of continuity of care	1	6%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the service provider survey were invited to comment further, in their own words, about perceived barriers that prevent Madison County residents from receiving mental health care. One comment made in response to this item. This comment is presented in Appendix D.

Next, service providers were asked to rate a series of statements regarding mental health care in Madison County on a scale from 1 to 5 where 1 = *Strongly Disagree* and 5 = *Strongly Agree*. As seen below in Table 11, the statements most strongly agreed with (evidenced by higher mean or arithmetic average scores) were: 1) “Mental health services in surrounding communities utilize evidence-based treatments and therapies” (3.8); 2) “I feel comfortable making referrals to mental health services in nearby communities” (3.4); 3) “I feel comfortable making referrals to mental health services in Madison County” (3.1); 4) “The efforts of mental health professionals are supported in the community” (3.1); and 5) “Mental health clients are supported by their agency throughout the treatment process” (3.0). Also as seen in Table 11, the statements least strongly agreed with (evidenced by lower mean or arithmetic average scores) were: 1) “Youth (aged 12-18) have adequate resources available to them to address their mental health needs” (1.7); 2)

“The mental health needs of Madison County are being adequately met” (1.8); 3) “Veterans have adequate resources available to them to address their mental health needs” (2.0); 4) “Seniors (65+ years) have adequate resources available to address their mental health needs” (2.1); and 5) “Those with mental health needs are open and willing to seek services” (2.3).

Table 11: Care Availability and Utilization					
Statement	N	M	Min	Max	Don't Know
The mental health needs of Madison County are being adequately met.	15	1.8	1	4	0
Those with mental health needs are open and willing to seek services.	15	2.3	1	4	0
<i>The efforts of mental health professionals are supported in the community.</i>	14	<i>3.1</i>	2	4	1
Veterans have adequate resources available to them to address their mental health needs.	14	2.0	1	4	1
Children (<12 years) have adequate resources available to address their mental health needs.	15	2.5	1	4	0
Youth (12-18 years) have adequate resources available to address their mental health needs.	15	2.4	1	4	0
Seniors (65+ years) have adequate resources available to address their mental health needs.	15	2.1	1	4	0
There are adequate affordable mental health resources for low-income residents.	15	2.3	1	5	0
Mental health services in Madison County utilize evidence-based treatments and therapies.	9	2.9	1	4	6
<i>Mental health services in surrounding communities utilize evidence-based treatments and therapies.</i>	10	<i>3.8</i>	3	4	5
People needing mental health services receive them in a timely manner.	14	2.4	1	5	1
Mental health services received are appropriate for client needs.	13	2.5	1	5	2
<i>Mental health clients are supported by their agency throughout the treatment process.</i>	13	<i>3.0</i>	1	5	2
Follow-up services are available and accessible to mental health clients.	14	2.6	1	5	1
Appropriate facilities are available to those in need of inpatient care.	15	2.3	1	5	0
<i>I feel comfortable making referrals to mental health services in Madison County.</i>	14	<i>3.1</i>	1	5	1
<i>I feel comfortable making referrals to mental health services in nearby communities</i>	14	<i>3.4</i>	1	5	1

Note: *M* = the mean score, or the arithmetic average of all scores. Statements in bold received the lowest average score; Statements in italics received the highest average scores. Respondents were also able to select “I don’t know”; these responses were excluded in the calculations of average scores.

Madison County Professional Survey Results

The professional survey was completed by 56 professional respondents. Professional respondents were those that, although not directly employed as mental health service providers, interact with community members who may have mental health issues as part of their daily profession. As seen below in Table 12, the largest percentage of professional respondents who completed an item on their organization type (six did not) selected “other” as their organization type (34%), followed by educational institutions and non-profits (20% each). Respondents were asked to specify their organization type when “other” was selected. “Other” identified organizations were specified as customer service, art, hospitality, journalism, veterinary business, service industry, medical field, bed and breakfast, real estate, bus driver, and retired.

Table 12: Professional Organizations Represented		
Organization Type	Number of Responses	% of Total Responses
Other	17	34%
Educational institution	10	20%
Non-profit	10	20%
Law enforcement	6	12%
Faith-based	3	6%
Court system	2	4%
Correction facility/jail	1	2%
Emergency responder	1	2%

Note. Percentages are rounded to whole numbers.

As seen below in Table 13, only 25 of the 56 professional respondents indicated their length of time working in their profession in a rural or small city setting. Of these, the greatest percentage (28%) worked between 1 and 3 years in a rural or small city setting, followed by those working 4-6 years and 7-9 years (20% each) in such a setting.

Table 13: Length of Time Worked in Profession in a Rural or Small City Setting		
Length of time	Number of Responses	% of Total Responses
< 1 year	2	8%
1-3 years	7	28%
4-6 years	5	20%
7-9 years	5	20%
10-19 years	2	8%
20-29 years	3	12%
30+ years	1	4%

Note. Percentages are rounded to whole numbers.

After completing the two demographic items, all respondents to the professional survey were presented with the same four items presented on the resident and service provider surveys. First, the responding professionals were asked to select their top five concerns regarding the delivery of mental health services in Madison County. As seen below in Table 8, among the 44 professionals who completed this item, the top service delivery concern was adequate access to mental health services (75%), followed by adequate number of mental health providers/specialists (68%), and adequate addiction/substance use delivery system services (50%). The least commonly selected topics were financial viability of hospital/mental health agency and adequate number of health care staff (both 16%).

Concern	Number of Responses	% of Total Responses
Adequate access to mental health services	31	75%
Adequate number of mental health providers/specialists	30	68%
Adequate addiction/Substance use services	22	50%
Availability of mental health crisis services	21	47%
Wellness and prevention services	16	36%
Adequate violence support services	16	36%
Adequate mental health training	14	32%
Cost of health care	13	30%
Integration of physical and behavioral health care	11	25%
Adequate suicide prevention services	9	20%
Adequate time for primary care physicians to treat and diagnose mental health disorders	9	20%
Financial viability of hospital/mental health agency	7	16%
Adequate number of health care staff	7	16%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the professional survey were invited to comment further, in their own words, about their concerns regarding mental health service delivery in Madison County. Specifically, they were invited to: 1) elaborate on the top five selections they had made; 2) discuss how their areas of concern impact themselves in their profession; 3) how their areas of concern impact their organizations; and 4) how their areas of concern impact Madison County residents. A total of 16 responses were made to at least one of the sub-questions (11 to the first, 15 to the second, 11 to the third, and 16 to the fourth). All comments are presented in Appendix D.

All respondents to the professional survey were next asked to select the top five mental health care services that were needed to better serve Madison County residents. They were presented with 14 options from which to choose. As seen below in Table 9, among the 44 respondents who completed this item, fully three-fourths indicated that they believed mental health services offered by mental health professionals were needed to better serve county residents, with 55% selecting mental health education and 50% each selecting a crisis facility for assessment,

stabilization, and referral and community-based programs. The least commonly selected topics included daycare and tele-health technology (both 7%), followed by case management and home health (both 11%).

Table 15: Mental Health Care Services Needed to Better Serve Madison County		
Needed Service	Number of Responses	% of Total Responses
Mental health services provided by mental health professionals	33	75%
Mental health education	24	55%
Crisis facility for assessment, stabilization, and referral	22	50%
Community-based programs	22	50%
Substance use prevention/education	20	45%
Initial mental health screenings by primary care physicians	14	32%
Transportation to/from mental health services	13	30%
Volunteer crisis support team	11	25%
Peer support groups	7	16%
Residential treatment facilities	7	16%
Home health	5	11%
Case management services	5	11%
Tele-health technology	3	7%
Daycare	3	7%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

All respondents to the professional survey were invited to comment further, in their own words, about their concerns regarding what mental health services were needed to better serve Madison County residents. A total of seven comments were made in response to this item. All comments are presented in Appendix D.

Third, all respondents to the professional survey were asked to select top five barriers that prevent Madison County residents from receiving mental health care. They were presented with 14 options from which to choose. As seen below in Table 10, among the 44 respondents who completed this item, nearly 85% reported a lack of mental health professionals/specialists and nearly 75% reported distance from a mental health facility/provider. Nearly 60% also reported the stigma associated with mental health services to be a barrier. The least commonly selected barriers included an inability to get appointments (no responding professional selected this response), and lack of preventive care (16%).

Barrier	Number of Responses	% of Total Responses
Lack of mental health professionals/specialists	37	84%
Distance from mental health facility/provider	32	73%
Stigma associated with mental health services	26	59%
Lack of awareness of local mental health services	22	50%
Lack of affordable care	20	45%
Lack of insurance	14	32%
Lack of confidentiality	11	25%
Lack of transportation or transportation services	9	20%
Lack of continuity of care	8	18%
Lack of evening and weekend hours	8	18%
Lack of crisis care	8	18%
Resistance from family, friends, and/or employer	8	18%
Lack of preventive care	7	16%
Inability to get appointments	0	0%

Note. Percentages are rounded to whole numbers. Respondents could select up to five choices so the total percentage exceeds 100.

Professional respondents were also asked to rate a series of statements regarding mental health care availability and utilization in Madison County on a scale from 1 to 5 where 1 = *Strongly Disagree* and 5 = *Strongly Agree*. As seen in Table 17 the statements most strongly agreed with (evidenced by higher mean or arithmetic average scores) were: 1) “The efforts of mental health professionals are supported in the community” (3.0); 2) “I feel comfortable making referrals to mental health services in nearby communities” (2.8); 3) “Mental health clients are supported by their community throughout their treatment process” (2.2); 4) “I know where to refer clients with mental health concerns for follow-up services” (2.2); and 5) “I feel comfortable making referrals for mental health services within Madison County” (2.2). Also as seen in Table 17, the statements least strongly agreed with (evidenced by lower mean or arithmetic average scores) were: 1) “People needing mental health services receive them in a timely manner” (1.6); and 2) “There are adequate affordable mental health resources for low-income residents” (1.7). Six items had mean scores that tied at 1.8.

Table 17: Care Availability and Utilization					
Statement	N	M	Min	Max	Don't Know
The mental health needs of Madison County are being adequately met.	39	1.8	1	4	6
Those with mental health needs are open and willing to seek services.	39	1.8	1	4	4
<i>The efforts of mental health professionals are supported in the community.</i>	39	3.0	1	5	8
Veterans have adequate resources available to them to address their mental health needs.	39	1.8	1	3	7
Children (<12 years) have adequate resources available to address their mental health needs.	39	1.8	1	4	8
Youth (12-18 years) have adequate resources available to address their mental health needs.	39	1.8	1	4	8
Seniors (65+ years) have adequate resources available to address their mental health needs.	39	1.9	1	4	6
There are adequate affordable mental health resources for low-income residents.	39	1.7	1	4	11
People needing mental health services receive them in a timely manner.	39	1.6	1	3	11
Mental health services clients receive are appropriate for their needs.	39	2.0	1	4	16
<i>Mental health clients are supported by their community throughout their treatment process.</i>	39	2.2	1	5	14
<i>I know where to refer clients with mental health concerns for follow-up services.</i>	39	2.2	1	5	6
Appropriate facilities are available to those in need of inpatient care.	39	1.8	1	4	8
<i>I feel comfortable making referrals for mental health services within Madison County.</i>	38	2.2	1	4	5
<i>I feel comfortable making referrals to mental health services in nearby communities.</i>	39	2.8	1	5	6

Note: *M* = the mean score, or the arithmetic average of all scores. Statements in bold received the lowest average score; Statements in italics received the highest average scores. Respondents were also able to select “I don’t know”; these responses were excluded in the calculations of average scores.

Interviews

As noted earlier in this report, integral parts of Madison County mental health needs assessment were the in-person interviews of key community stakeholders. Interviewing took place over a period of two months and included residents with knowledge about local mental health issues and professionals within the community that had some level of contact with persons experiencing mental health disorders (i.e. law enforcement, primary care providers, counselors/therapists, psychiatrists, etc.).

Resident Interviews

Members of the MCMHLAC conducted 18 interviews with residents of Madison County. As seen below in Table 18, the resident interviewees (much like the resident survey respondents) were overwhelmingly female, and at least according to those who shared their age, were largely older than 50. Two-thirds were currently married, and nearly all had at least one type of health insurance (nearly 80% of these were privately insured). All who answered a question about car ownership reported having a car, and none of the nine seniors reported utilizing the senior bus service. Nearly 60% of those who answered a question about whether they had a family member with a mental health diagnosis reported having such a family member, and nearly half of those who answered a question about whether they themselves had a mental health diagnosis reported that they had such a diagnosis. The last two findings suggest that the resident interviewees were well positioned to answer questions about mental health issues in Madison County.

Table 18: Resident Interviewee Demographics		
Question	Number of Responses	% of Total Responses
Gender	18	NA
Female	14	78%
Male	4	22%
Age Group	11	NA
20-34 years	0	0%
35-49 years	2	18%
50-64 years	6	55%
65-79 years	3	27%
80+ years	0	0%
Current Marital Status	18	NA
Never Married	2	11%
Married	12	67%
Separated	1	6%
Divorced	1	6%
Widowed	1	6%
Unmarried and cohabitating	1	6%
Veteran of U.S. Armed Forces	18	NA
Yes	2	11%
No	16	89%
Health Insurance	17	NA
Yes	17	100%
No	0	0%
Health Insurance Type	*	NA
Medicaid	0	0%
Medicare	3	17%
VA	2	11%
Private	14	78%
Other	1	6%
Own a Car	17	NA
Yes	17	100%
No	0	0%
Age 65+, Utilize Senior Bus	9	NA
Yes	0	0%
No	9	100%
Have Family Member with a Mental Health Diagnosis	17	NA
Yes	10	59%
No	7	41%
Respondent Has a Mental Health Diagnosis	17	NA
Yes	8	47%
No	9	53%

Note. * Interviewees could select more than one insurance type, so the number of insurances is greater than the number of interviewees. Percentages are rounded to whole numbers.

In the first question, the resident interviewees were asked about their understanding of mental health services available in Madison County. A content analysis procedure was used to cluster conceptually-similar responses into three categories: “Did not know of services available in Madison County,” “Knows of services in Madison County,” and “Knows of services outside Madison County.” As seen below in Table 19, half of the 18 interviewees reported that they did not know of any mental health services available in Madison County, whereas nearly 45% were able to identify at least one mental health service (most often a counselor) in Madison County. Nearly 40% also identified at least one service outside of Madison County (e.g., Gallatin Mental Health and Hope House in Bozeman).

Answer	Number of Responses	% of Total Respondents
Did not know of services available in Madison County	9	50%
Knows of services in Madison County	8	44%
Knows of services outside Madison County	7	39%

Note. Percentages are rounded to whole numbers. Some interviewees identified services both within and outside Madison County, so the total percentage exceeds 100.

As seen below in Tables 20 and 21, the next two questions asked interviewees about their perception of the extent that mental health and substance abuse issues are problems in Madison County. A content analysis procedure was used to cluster conceptually-similar responses into three categories: “Somewhat of a problem,” “A large problem,” and “Unsure/no definitive answer” (no interviewee gave a response suggesting that either mental health or substance abuse issues are not a problem). As seen below in Tables 19 and 20, the majority of interviewees who answered these questions reported that both mental health issues and substance abuse issues are large problems in Madison County (90% and 78%, respectively). In their responses, several interviewees specifically mentioned alcoholism and prescription drug abuse as great burdens to Madison County; one of these also noted that geographic isolation exacerbates substance abuse problems. Several others discussed limited local substance abuse services, and one speculated that untreated substance abuse problems lead to increased incarceration rates. One suggestion was made to increase the capacity of the Connections Corrections Program and to increase its efficacy.

Answer	Number of Responses	% of Total Respondents
Somewhat of a problem*	1	6%
A large problem**	15	89%
Unsure/no definitive answer	1	6%

Note: *Answer of “pretty comparative”; ** Includes answers of “definitely a problem”, “significant problem”, “big problem”, “tremendous problem”, “exponential”, “huge issue”, “very severe”, and “big extent”. Percentages are rounded to whole numbers.

Answer	Number of Responses	% of Total Respondents
Somewhat of a problem*	1	6%
A large problem**	14	78%
Unsure/no definitive answer	3	17%

Note: *Answer of “it’s there but I have no evidence”; ** Includes answers of “huge problem”, “big problem”, “definitely a problem”, “more than everyone thinks”, “pretty huge”, “major problem”, “severe”, “extreme”. Percentages are rounded to whole numbers.

Interviewees were next asked generally their thoughts on what could be done to improve access to mental health services and professionals in Madison County. This question elicited 50 unique answers from 19 respondents. A content analysis procedure was used for both items to cluster conceptually similar responses into thematic categories. Below in Table 22, the six emergent thematic categories are presented in bold font, with specific sub-categories (where appropriate) indented beneath them in regular (non-bold) font. As seen below in Table 22, the most common theme expressed by the interviewees (voiced in over 40% of all comments) was that additional mental health professionals need to be hired in Madison County. Requiring mental health training (for a number of different types of professionals) was also a common theme, expressed in over 20% of the comments. Addressing and/or combatting stigma—particularly through community education—was endorsed in a fairly substantial number of comments, as well.

Answer	Number of Responses	% of Total Responses
Hire mental health professionals	21	42%
Type/location of professional not specified	7	14%
At hospitals	7	14%
Psychiatrists	5	10%
Counselors/therapists	2	4%
Require mental health training	11	22%
In schools	3	6%
For medical providers	3	6%
For law enforcement	3	6%
For clergy	1	2%
For county attorney	1	2%
Address/combat stigma	8	16%
Through community education	7	14%
Offer crisis services	4	8%
Address affordability	3	6%
Increase community level funding for mental health services	3	6%

Note. Percentages are rounded to whole numbers.

The next two items asked the interviewees about adequate access to mental health services and professionals; the first question asked about adequacy for the interviewees themselves and the second asked about the adequacy for other Madison County residents. A content analysis procedure was used for both items to cluster conceptually similar responses into two categories: “Inadequate access” and “Adequate access.” As seen below in Table 23, over 70% of the interviewees reported inadequate access to mental health services and professionals for themselves, and all respondents reported access to be inadequate for other Madison County residents. Two following questions asked about the quality of available mental health facilities and professionals “in the area.” A content analysis procedure was used for both items to cluster conceptually-similar responses into four categories: “Cannot speak to their quality,” “Poor quality,” “Good quality,” and “Great quality.” Also as seen in Table 23, majorities of interviewees to both items reported that they could not speak to the quality of mental health facilities (67%) and professionals (62%). Among those who commented on quality, more reported the quality of both facilities and professionals to be poor than good or great (22% to 11% for facilities and 31% to 8% for professionals). Some specific comments related to accessibility and quality of mental health services included:

- Mental health providers both inside and outside of Madison County are overbooked
- There is high turnover among medical and mental health providers leading to lack of continuity of care
- There are no local mental health support groups
- Telehealth services are impersonal and still require travel
- Licensing requirements for counseling should be reevaluated
- School counselors are well trained and understand the needs of students
- The few mental health providers outside of Madison County are qualified, professional, and helpful

Table 23: Accessibility and Quality of Mental Health Services		
Answer	Number of Responses	% of Total Responses
Adequacy of Access to Mental Health Services and Professionals for Personal Needs	18	NA
Inadequate access	13	72%
Adequate access	5	28%
Adequacy of Access to Mental Health Services and Professionals for Other Residents	18	NA
Inadequate access	18	100%
Adequate access	0	0%
Quality of Mental Health Facilities	18	NA
Cannot speak to their quality	12	67%
Poor quality	4	22%
Good quality	0	0%
Great quality	2	11%
Quality of Mental Health Professionals	13	NA
Cannot speak to their quality	8	62%
Poor quality	4	31%
Good quality	1	8%
Great quality	0	0%

Note. Percentages are rounded to whole numbers.

The next question asked about travelling to access mental health services. They were asked about their own and others' experiences traveling to access services, and if possible, to identify the services they or someone they knew travelled to access. In the bullet items below, the location and type of services the interviewees or someone they knew travelled to access are listed. Below these bullet items in Table 24, distances travelled are presented. As seen in this table, over half of the interviewees had travelled or knew someone that travelled more than 60 miles to access mental health services. Substantial percentages of the interviewees also reported travelling between 20-39 and 40-59 miles to access services.

- Bozeman: Outpatient psychiatric services; Inpatient crisis stabilization services; Inpatient substance use treatment; Counseling services; Unspecified mental health services
- Butte: Safe house services; Unspecified mental health services
- Dillon: Inpatient psychiatric services; Assisted living services; Domestic violence services; Unspecified mental health services
- Great Falls: Inpatient substance use treatment
- Helena: Unspecified mental health services
- Missoula: Inpatient substance use treatment
- Warm Springs: Unspecified mental health services
- Out-of-State: Inpatient substance use treatment
- Location not specified: VA services

Answer	Number of Responses	% of Total Respondents
Distance not specified	4	22%
0-19 miles	0	0%
20-39 miles	5	28%
40-59 miles	3	17%
60+ miles	10	56%

Note: Percentages are rounded to whole numbers. Some interviewees identified travel to multiple locations for mental health services, so the total percentage exceeds 100.

A final item asked the interviewees what programs or services they believed would enhance and support good mental health and well-being for three vulnerable sub-populations (and their families): 1) local children and youth; 2) local seniors; and 3) local veterans. The suggested programs and services are listed below, sequentially by population.

Children and Youth

- Community education on available mental health services
- Youth outdoor program
- Sliding scale fees for counseling services
- Travel assistance
- Counselor with a pediatric specialty
- Mental health training for school educators and professionals
- Parenting classes
- Family counseling services
- Non-criminal reporting system for child abuse
- Big Brother/Big Sister program
- Increased subsidized housing
- Expanded services to those not covered by Medicaid
- Mental health education and programs for children in the schools
- Substance abuse education and programs for children in the schools

Seniors

- Intervention services or programs for Alzheimer's patients and their families
- Assisted living facilities with adequate mental health training
- Affordable assisted living facilities
- Creation of a senior citizen's recreation or activity center
- Respite care services
- Disposable power of attorney; Transportation assistance
- Estate planning services
- Senior companion services
- Implementation of the NAMI Family-to-Family program
- Community education on available mental health services available
- Volunteer opportunities for seniors
- Hiring a mental health professional who specializes in senior issues

Veterans

- Hiring a mental health professional who specializes in veteran issues
- Affordable assisted living facilities
- Veteran mental health services provided by veteran professionals
- Veteran education and support groups
- Specialized services for veterans with PTSD and/or physical disabilities
- Local VA liaison for Madison County
- Creation of a veteran's recreation or activity center

Service Provider Interviews

Twenty-nine service providers were interviewed by MCMHLAC members for this assessment. Several questions were asked of them to better understand their fields of expertise, whom they served, and how long they had served in their various capacities. As seen below, over 70% of the providers who indicated the type of organization in which they worked (four did not) reported working in a medical or mental health organization. Smaller numbers reported working in education settings, law enforcement agencies, and a nursing home. When asked about the average age of the clients they served, a number of different ages were reported; as a result, they were categorized into ranges of average client ages. As seen below in Table 25, the range with the greatest percentage of average client ages in it was 41-59, smaller percentages stretched out across other age ranges. Several service providers listed several average ages, and several also simply stated that they serve clients of all ages (therefore not providing an average client age). When asked about the types of payment their organizations accepted from clients, 21 service providers listed at least one. As seen below in Table 25, over 80% each reported accepting Medicaid, private insurance, and fee for service. Interestingly, over 70% reported accepting all types of payments, including sliding-scale fees. The final item asked how long the service providers had been providing services in rural communities. The 23 responses to this item were categorized as: "Five or fewer years," "Six to 10 years," "10 to 20 years," and "21 or more years." As seen below in Table 25, nearly 50% of service providers who provided a response to this item reported having been providing services in rural communities for at least 10 years.

Table 25: Service Provider Interviewee Demographics		
Question	Number of Responses	% of Total Responses
Organization Type	25	NA
Medical (e.g., medical doctor, psychiatrist, nurse)	10	40%
Mental health (e.g., social worker, case manager, behavioral therapists)	8	32%
Education (e.g., school counselor, guidance counselor)	3	12%
Law enforcement (e.g., sheriff, deputy sheriff, detention Officer)	3	12%
Nursing home	1	4%
Average Client Age*	24	NA
0-18 years	5	21%
19-40 years	4	17%
41-59 years	7	29%
60+ years	3	13%
More than one average client age listed	3	13%
All ages served (no average age provided)	2	8%
Types of Payment Accepted	21	NA
All (e.g., Medicare, Medicaid, private insurance, VA/TriCare, sliding scale fees, fee for service)	15	71%
Medicaid	18	86%
Private insurance	18	86%
Fee for service	17	81%
Sliding scale	3	14%
Other	2	10%
Years Practicing in Small Community*	23	NA
Five or fewer years	10	43%
6-10 years	1	4%
10-20 years	8	35%
21 or more years	3	13%

Note. Percentages are rounded to whole numbers. * Average client ages and years practicing in small communities were collapsed into categories for ease of reporting.

When asked whether third-party reimbursement was adequate, 53% of the 17 providers who provided a response to this question said that it was not. The providers further added that this lack of adequate reimbursement has resulted in higher turnover and lower pay for the workforce, making it more difficult to effectively treat those in need of mental health care.

Next, the providers were asked about the scope of their interaction with clients who may have a mental health illness. All but one provider responded to this question. The scope of interaction included instances of seeing clients for some form of treatment or counseling related to a mental

health diagnosis (39%), mental health issues in emergency situations or crisis interventions (21%), and mental health issues as a result of criminal incidents (18%). A number (32%) of providers also reported making referrals for mental health care to those experiencing mental health problems. When asked if they had ever made referrals to mental health services outside of Madison County, all but one respondent said that they had, with 36% identifying a lack of adequate resources or services in Madison County as the main reason for making an out-of-county referral. As can be expected, those providers working in a mental health setting reported a wider scope of interaction with clients who may have a mental health illness than those working in law enforcement or primary care exclusively.

All interviewed providers reported having received at least some mental health-related training, ranging from “very little” to “annual/continuing education (CEU) training.” A total of 52% reported receiving training through a degree program (i.e., MD, including primary care and psychiatry, MSW, NP, and MA), with 45% indicating “additional training” as a source of mental health education (i.e., CEU, college courses, conferences, and workshops). Only 21% of the respondents indicated having received either “crisis training” (14%) or “suicide prevention training” (7%), specifically. Additional 45% of the responses noted having received some training but did not specify the type.

When asked about the mental health problems they most commonly see in their occupation, all service provider provided a response. As seen below in Table 25, providers identified depression as the mental health problem they see with the highest frequency (97%) in Madison County, followed by stress and anxiety (55%) and bipolar disorder (48%). Substance use disorder (31%) and trauma (34%) were cited with a somewhat lower frequency. It should be noted that the prevalence of mental health issues provided in Table 25 are based on the providers’ perceptions rather than mental health diagnoses.

Mental Health Issue	Number of Responses	% of Total Responses
Depression	28	97%
Stress/Anxiety	16	55%
Bipolar Disorder	14	48%
Trauma (including PTSD)	10	34%
Substance Use Disorder	9	31%

Note. Percentages are rounded to whole numbers.

The providers were also asked to indicate the extent to which they believe these issues to be a problem in Madison County. As seen below in Table 26, two-thirds of the providers believed this to be either a large problem (38%) or somewhat of a problem (28%). The remaining 24% were either unsure or had no definitive answer.

Answer	Number of Responses	% of Total Responses
Somewhat of a problem*	8	28%
A large problem**	11	38%
Unsure/no definitive answer	7	24%

Note. Percentages are rounded to whole numbers. *Includes answers of “somewhat”, “low to moderate”, “increasing”, “higher than we think” and “problem”; ** includes answers of “big problem”, “significant”, “pretty high”, “75%”, “extreme”, “large extent”, and “moderate to severe”

Finally, the providers were asked the extent to which they believe substance abuse issues to be a problem in Madison County. As seen below in table 27, 69% of the providers believed this to either be a large problem (48%) or somewhat of a problem (21%). Only one providers did not believe this to be a major problem, and 21% indicated being either unsure or did not provide a definitive answer. When asked to elaborate on the responses regarding the extent of substance abuse problems in Madison County, providers identified alcohol abuse (45%) as a top concern, followed by marijuana abuse (14%). Interestingly, 24% of the providers identified a culture that supports alcohol and marijuana consumption in Madison County as a part of the overall substance abuse issue.

Answer	Number of Responses	% of Total Responses
Not a major problem	1	3%
Somewhat of a problem*	6	21%
A large problem**	14	48%
Unsure/no definitive answer	6	21%

Note. Percentages are rounded to whole numbers. *Includes answers of “problem”, “bigger than it appears”, “increasing problem”, and “moderate”; **Includes answers of “huge/big”, “serious problem”, “rampant”, “severe”, “significant”, “great extent”, “50%-75%”, “98%”, “pervasive”, and “moderate to severe”

In addition to providing more general comments regarding the prevalence and severity of mental and substance abuse issues, 14% of also expressed concerns about the prevalence of chronic mental health issues in Madison County, though they failed to specify the extent to which they believed chronic mental health issues to be a problem in Madison County. The providers’ concerns regarding chronic mental health issues echoed those provided in the “top mental health challenges” portion of the interview, including stigma associated with mental health care, medication concerns (e.g., self-medication and non-adherence to medication), and access to care.

Next, service providers were asked about the major challenges faced by Madison County in regard to mental health care. This questions returned 57 unique responses that were subjected to a content analysis, yielding five broad categories. As seen below in Table 28, the three top challenge categories identified by providers in Madison County included lack of resources and

services (59% of respondents identified this as a challenge), socio-economic factors (52%), and care facility issues (38%). Lack of service providers (31%) and accessibility to services (34%) were named with lower frequency.

Table 28: Major Mental Health Care Challenges		
Answer	Number of Responses	% of Total Responses
Lack of resources and services (including services for children, staff and facilities, and in-home services)	17	59%
Socio-economic factors (including inability to pay for services, lack of insurance coverage, unemployment and poverty, and lack of education, housing and family support)	15	52%
Care facility issues (including shortage of staff, high turnover, and procedural inefficiencies)	11	38%
Accessibility to services (including long travel time, huge distances to reach the provider, and lack of transportation)	10	34%
Lack of service providers (including counselors, therapists, and psychiatrists)	9	31%

Note. Percentages are rounded to whole numbers.

Service providers were asked what changes, if any, they would like to see going forward. Similar to the previous item, the responses to this question were subjected to a content analysis that yielded four general categories. As seen below in Table 29, these included increasing the number of counselors and therapists county-wide (58% of respondents made this suggestion), increasing availability of services (38%), improving access to crisis services (27%), and improving access to part-time psychiatrists (19%).

Table 29: Suggested Changes		
Answer	Number of Responses	% of Total Respondents
Increase the number of counselors and therapists county-wide	15	58%
Increase availability of services	10	38%
Improve access to crisis services	7	27%
Improve access to part-time psychiatrists	5	19%

Note. Percentages are rounded to whole numbers.

Many of the comments provided to the final question asking service providers if they had any additional comments or suggestions echoed concerns already expressed in other sections of the interview. However, there were a few novel responses, including:

- “Doctors and sheriffs are asked to deal with mental health issues.”
- “I have questions about how we deal with juveniles. Most come from broken families or foster care. There’s a whole gamut of issues surrounding troubled kids.”

- “[We] need acute crisis response to suicide attempts. Now, [we have] 5-6 hours response time.”
- “[It’s a] statewide problem, not just Madison County.”
- “[We should] encourage people to take care of their mental health the same as their physical health.”
- “[There is] too much talk on mental health issues with no action. Feel good actions do not satisfy those in need of help.”

Potential Limitations

Although this needs assessment utilized a robust methodology, including both quantitative and qualitative data collected through surveys and interviews with residents and key stakeholders in Madison County, there are some potential limitations that need to be considered when interpreting the findings. Perhaps the biggest limitations include those related to the demographics of the respondents, suggesting that the demographic background of the survey respondents may not have been necessarily representative of those of the Madison County residents. For example, whereas according to the 2010 Census data, under 30% of the Madison County residents are older than 65 years of age, nearly half of the survey respondents were older than 65 years. Furthermore, whereas nearly two-thirds of the survey respondents had a bachelor’s degree and were women, under 50% of Madison County are women and only one-third have a bachelor’s degree. Although this discrepancy may seem problematic, this is a common problem with studies that rely on data collected through anonymous surveys as those who self-select to complete the survey generally tend to be older, women, and more educated. In that regard, the potential limitations in this needs assessment are not very unusual.

Conclusion

Up to this point in the report, the primary focus has been on the perceptions and concerns of residents, mental health professionals, and other professionals in a fairly isolated light. In other words, the results have been examined in subsets of populations rather than in a more comprehensive fashion aimed at understanding perceptions and concerns of the respondents as a whole. In this final section of the report, a more comprehensive and integrative analysis will be presented.

Commonalities: Survey Respondents

Although there were some fairly small discrepancies in the response patterns across survey groups, there were a great number of similarities as well. The overarching theme across these similarities is that Madison County residents, although they have serious mental health needs, are seriously underserved with respect to mental health care. Evidence supporting this conclusion includes:

- “Adequate access to mental health care” was the most commonly-reported concern of every survey respondent group (i.e., Madison County residents, mental health service providers, and other professionals)

- Other concerns included among the top five for all three respondent groups included:
 - Adequate number of mental health providers/specialists (second for both residents and professionals, and fourth for service providers)
 - Wellness and prevention services (third for residents and tied for fifth for both service providers and professionals)
 - Adequate addiction/substance use services (third for both service providers and professionals, and fifth for residents)
- “Mental health services provided by mental health professionals” was the most commonly-reported service need of every survey respondent group
 - Other service needs included among the top five for all three respondent groups included:
 - Substance abuse prevention/education (second for both residents and service providers, and fifth for professionals)
 - Mental health education (second for professionals, third for residents, and fourth for service providers)
 - Crisis facility for assessment, stabilization, and referral (third for both service providers and professionals, and tied for fifth by residents)
- Although no single response was the most common for all three respondent groups, “Lack of mental health professionals/specialists” and “Distance from mental health facility/provider” were among the two most commonly-reported barriers to utilizing mental health services of every respondent group (“Lack of mental health professionals/specialists” was first for both residents and professionals and second for service providers; “Distance from mental health facility/provider” was first for service providers and second for both residents and professionals)
 - Other service barriers included among the top three for all three respondent groups included:
 - Stigma associated with mental health services (third for all three respondent groups)
 - Lack of awareness of mental health services (fourth for both residents and professionals and tied for fifth for service providers)

Interviewee Perspectives

It is not possible to directly comment on similarities and differences in interview responses between Madison County residents and service providers, largely because the questions asked to each subpopulation were not identical. Two questions, however, were posed to both residents and service providers. For example, whereas a content analysis of interview responses revealed that more residents perceived mental health and substance abuse problems to be ‘large’ in magnitude (89% and 78%, respectively) relative to service providers (38% and 48% respectively), interviewees in both groups almost always reported these problems to be at least somewhat of a problem in Madison County.

It is very clear that the resident interviewees perceived current mental health services in Madison County to be inadequate—both for their own needs and especially the needs of others. One would think that they would *know*, too, as nearly half reported having a mental health diagnosis themselves and most had a family member with a mental health diagnosis. It is interesting that

two of the most common response themes to the question about improving access to mental health services and professionals in Madison County included training professionals on mental health issues and addressing or combatting stigma. These seem approaches that might not require the heavy resource investment other strategies might necessitate (e.g., hiring and housing more professional mental health staff). In any case, the comments provided by the interviewed residents were highly illuminating and should be very helpful in understanding the perspectives of Madison County residents who have experience with seeking mental health care for themselves or a loved one.

The service provider interviewees also generated valuable information. Many of the providers had worked with mental health clients in a variety of settings, seemingly from medical offices to schools to the scenes of crimes. Although some seemed to have a great deal of mental health training, others seemed to have very little; it would seem to make sense to look for opportunities to offer more mental health training opportunities to those not working directly in traditional mental health settings. It was very interesting to observe the holistic perspective voiced by a number of the service providers—many of them seemed to recognize that to deal fundamentally with mental health problems, one must go beyond treating the symptoms and address some of the social and economic conditions that make people vulnerable to developing these types of problems. Of course, tackling poverty, unemployment, lack of affordable housing and health insurance is beyond what most resource-limited communities can accomplish overnight. However, incremental efforts to address some of the socio-economic problems identified by the service provider interviewees could prove fruitful in reducing the prevalence or magnitude of mental health and substance abuse problems in Madison County.

Final Thoughts

It is perhaps unsurprising that the major findings of this needs assessment show that there appears to be a serious shortage of mental health professionals in Madison County, that key services (e.g., for wellness and prevention, crises, and substance abuse treatment) are few in number (if not completely non-existent), and that the needs for both more professionals and more services are high. It is likely that the results validate the experiences and confirm the expectations of members of the MCMHLAC and its community partners. However, data that validates or confirms what we previously believed to be true are not superfluous or without value; indeed, these data often provide the supporting evidence that is required to pursue funding to address the very problems they describe. Like many other frontier counties in the United States, Madison County, Montana appears to face serious challenges with respect to providing even a basic level of mental health support its residents need. The needs assessment results described in this report should be helpful in guiding the MCMHLAC, Madison County, and the State of Montana toward the goal of more comprehensive and better quality mental health care for their citizens.

APPENDICES

Appendix A - Survey

The Madison County Mental Health Advisory Council (MHLAC) is conducting a survey of mental health service needs in the County between now and November 22nd. Please participate! Your input will be used to develop and improve mental health services in the County. Our goal is to make sure that the services we need and want are available here. We cannot do this without you. A team of health care and research specialists at Boise State University is assisting in the design and administration of this survey. The survey should take less than 15 minutes to complete. Responses will be kept confidential and reported as a whole. Only the research team will have access to survey responses. If you have any questions regarding this survey please contact either Doris Fischer at (406)-842-7161 or Claire Leonard at (575)-519-8806. This survey is completely voluntary. If you choose to take the survey please be advised that you do not have to answer any questions you do not want to answer with the exception of question number 1. You must be at least 18 years old to participate in this survey. Thank you in advance for your participation in this brief survey. Your opinion is important to us! ****In the coming weeks MHLAC will be conducting individual interviews to further assess the mental health needs of Madison County residents. If you are interested in participating in these interviews please contact either Doris Fischer or Claire Leonard at the numbers above.****

Are you a health care service provider?

- Yes
- No

Answer If “Are you a health care service provider?” “No” Is Selected

In your profession, do you interact with people struggling with mental health disorders?

- Yes
- No

Resident survey:

Are you a full-time or part-time Madison County resident?

- Full-time
- Part-time

Which Madison County community do you live in or closest to?

- Alder
- Big Sky
- Cameron
- Ennis
- Glen
- Harrison
- Sheridan
- Silver Star
- Twin Bridges
- Virginia City

Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- Having adequate addiction/substance abuse services
- Having an adequate number of mental care providers/specialists
- Having access to mental health services (e.g. for depression, bipolar disorder, eating disorders, etc.)
- Having the availability of mental health crisis services
- Financial viability of hospital/mental health agency
- Having services that focus on wellness and the prevention of mental health disorders
- Cost of health care
- Having an adequate number of health care staff in general
- Having adequate suicide prevention services
- Having adequate violence support services (e.g. domestic, workplace emotional, physical, and/or sexual violence)
- Integration of physical and behavioral health care
- Having adequate mental health training for service providers

Having adequate time for primary care providers to treat and diagnose mental health disorders

Use this space to expand on your answer(s) above. (Optional)

How do your greatest concerns impact you or people you know? (Optional)

In your opinion, how do your greatest concerns impact Madison County residents? (Optional)

Please select up to 5 mental health care services that you think are needed to better serve Madison County residents. Use the space below to elaborate on your answer(s).

- Substance prevention/education
- Volunteer crisis support team
- Mental health education
- Mental health services provided by mental health professionals
- Tele-health technology
- Initial mental health screenings by primary care providers
- Transportation to/from mental health services
- Home health
- Crisis facility for assessment, stabilization, and referral
- Peer support group(s)
- Case management services
- Community-based programs
- Residential treatment facilities
- Daycare

Other (Please specify) _____

Use this space to expand on your answer(s) above. (Optional)

What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- Distance from mental health facility/provider
- Inability to get an appointment
- Stigma associated with mental health services
- Lack of affordable care
- Lack of awareness of local mental health services
- Lack of confidentiality
- Lack of mental health professionals
- Lack of continuity of care (inability to see same provider over time)
- Lack of evening or weekend hours
- Lack of insurance
- Lack of mental health specialists
- Lack of transportation or transportation services
- Lack of crisis care
- Lack of preventive care
- Resistance from family, friends and/or employer

Other (Please specify) _____

Use this space to expand on your answers above. (Optional)

Care Availability and Utilization: Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements. If a question does not apply, please select "Don't Know." Use the space below to elaborate on the answers you provide.

Mental health clients are supported by their mental health service provider throughout the treatment process.	<input type="radio"/>					
Follow-up services are available and accessible to mental health clients (e.g. peer support, case management).	<input type="radio"/>					
There are mental health professionals that I trust in my community.	<input type="radio"/>					
There are mental health professionals that I trust in nearby communities.	<input type="radio"/>					
I know one or more Madison County residents who have been unable to access the mental health care they need.	<input type="radio"/>					
I feel comfortable recommending local mental health services.	<input type="radio"/>					
I feel comfortable recommending the mental health services in nearby communities.	<input type="radio"/>					
I trust that my information will remain confidential if I seek services through a health care facility.	<input type="radio"/>					

Use this space to expand on your answers above. (Optional)

I have utilized the mental health services in Madison County.

- Yes
- No

If "Yes" Is Selected, Then Skip To Next Question If "No" Is Selected, Then Skip To "I have utilized the mental health..."

I am satisfied with the mental health services I received/have received in Madison County.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

I have utilized the mental health services in nearby counties.

- Yes
- No

If “Yes” Is Selected, Then Skip To Next Question If “No” Is Selected, Then Skip To “I know someone who has utilized the m...”

I am satisfied with the mental health services I receive/have received in nearby counties.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

I know someone who has utilized the mental health services in Madison County.

- Yes
- No

If “Yes” Is Selected, Then Skip To Next Question If “No” Is Selected, Then Skip To “I know someone who has utilized the m...”

The person/people I know that utilizes/utilize mental health services in Madison County is/are satisfied with the service(s) received.

- Don't Know
- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

I know someone who has utilized the mental health services in nearby counties.

- Yes
- No

If “Yes” Is Selected, Then Skip To Next Question If “No” Is Selected, Then Skip To “Demographic Information”

The person/people I know that utilizes/utilize mental health services in nearby counties is/are satisfied with the service(s) received.

- Don't Know
- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Demographic Information: Please tell us about yourself by answering the questions below. Skip any questions that make you feel uncomfortable or that you do not want to answer.

What is your gender?

- Female
- Male

What is your age? _____

What is your current marital status?

- Never married
- Married
- Divorced
- Widowed
- Separated
- Unmarried and cohabitating with partner

Are you a veteran of the U.S. Armed Forces?

- Yes
- No

Do you have health insurance?

- Yes
- No

Please select the type(s) of health insurance you have (select all that apply).

- Medicaid/Healthy Montana Kids
- Medicare
- Veterans Administration benefits
- Private Insurance
- Other _____

Does someone in your family have a diagnosed mental health issue?

- Yes
- No

Do you have a diagnosed mental health issue?

- Yes
- No

Do you believe you have an undiagnosed mental health issue?

- Yes
- Maybe
- No

Do you own a car?

- Yes
- No

If you are age 65 or older, do you utilize the County's bus system for senior citizens?

- Yes
- No

What is your employment status?

- Employed for wages
- Self-employed
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Student
- Unable to work
- Other _____

What is your annual household income?

- Less than \$25,000
- \$25,000-\$74,999
- \$75,000-149,999
- \$150,000 or greater

What is the highest level of school you have completed?

- Less than high school
- Some high school
- High school graduate
- Some college or some technical school
- Undergraduate degree or technical school degree
- Graduate or professional degree

Mental Health Provider Survey:

From the options below please select the description that best fits your organization.

- Primary medical care (e.g. family practice, internal medicine, pediatric practice)
- Hospital or medical center
- Mental health center
- Crisis response
- Private practice (Please specify) _____
- Other (Please specify) _____

What is your professional title? (Optional)

Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- Having adequate addiction/substance abuse services
- Having an adequate number of mental care providers/specialists
- Having access to mental health services (e.g. for depression, bipolar disorder, eating disorders, etc.)
- Having the availability of mental health crisis services
- Financial viability of hospital/mental health agency
- Having services that focus on wellness and the prevention of mental health disorders
- Cost of health care
- Having an adequate number of health care staff in general
- Having adequate suicide prevention services
- Having adequate violence support services (e.g. domestic, workplace emotional, physical, and/or sexual violence)
- Integration of physical and behavioral health care
- Having adequate mental health training for service providers
- Having adequate time for primary care providers to treat and diagnose mental health disorders

Use this space to expand on your answer(s) above. (Optional)

How do your greatest concerns impact you as a service provider? (Optional)

How do your greatest concerns impact your program? (Optional)

Please select up to 5 mental health care services that you think are needed to better serve Madison County residents? Use the space below to elaborate on your answer(s).

- Substance prevention/education
- Volunteer crisis support team
- Mental health education
- Mental health services provided by mental health professionals
- Tele-health technology
- Initial screenings by primary care providers
- Transportation
- Home health
- Crisis facility for assessment, stabilization, and referral
- Peer support group
- Case management
- Community-based programs
- Residential Treatment facilities
- Daycare
- Other (Please specify) _____

Use this space to expand on your answer(s) above. (Optional)

What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- Distance from mental health facility/provider
- Inability to get an appointment
- Stigma associated with mental health services
- Lack of affordable care
- Lack of awareness of local mental health services
- Lack of confidentiality
- Lack of mental health professionals
- Lack of continuity of care (inability to see same provider over time)
- Lack of evening or weekend hours
- Lack of insurance
- Lack of mental health specialists
- Lack of transportation or transportation services
- Lack of crisis care
- Lack of preventive care
- Resistance from family, friends and/or employer
- Other (Please specify) _____

Use this space to expand on your answer(s) above. (Optional)

What forms of payment does your agency accept for mental health services? Please select all that apply.

- Private Insurance (please specify): _____
- Medicare
- Medicaid
- Fee for Service
- Other (please specify): _____

Not applicable

Which age groups do your agency serve (check all that apply):

11 and younger

12-17

18-64

65 and older

Which age group does your program most commonly serve due to mental health needs?

How long have you been a service provider in Madison County?

How long have you been a service provider in a rural or small city setting?

Care Availability and Utilization - Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements. Use the space below to elaborate on the answers you provide.

Mental health services in surrounding communities utilize evidence-based treatments and therapies.	<input type="radio"/>					
People needing mental health services receive them in a timely manner.	<input type="radio"/>					
Services mental health clients receive are appropriate for their needs.	<input type="radio"/>					
Mental health clients are supported by their agency throughout their treatment process.	<input type="radio"/>					
Follow up services are available and accessible to mental health clients (e.g. peer support, community-based programs, case management).	<input type="radio"/>					
Appropriate facilities are available to those in need of in-patient care.	<input type="radio"/>					
I feel comfortable making referrals to mental health services within Madison County.	<input type="radio"/>					
I feel comfortable making referrals to mental health services in nearby communities.	<input type="radio"/>					

Use this space to expand on your answer(s) above. (Optional)

Community Provider Survey:

From the options below please select the description that best fits your organization.

- Educational Institution (Primary, secondary, or preschool/early child care facility)
- Faith-based (Please specify) _____
- Law enforcement agency
- Court system
- Non-profit organization (Please specify) _____
- Corection facility/jail
- Emergency responder
- Other (Please specify) _____

Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- Having adequate addiction/substance abuse services
- Having an adequate number of mental care providers/specialists
- Having access to mental health services (e.g. for depression, bipolar disorder, eating disorders, etc.)
- Having the availability of mental health crisis services
- Financial viability of hospital/mental health agency
- Having services that focus on wellness and the prevention of mental health disorders
- Cost of health care
- Having an adequate number of health care staff in general
- Having adequate suicide prevention services
- Having adequate violence support services (e.g. domestic, workplace emotional, physical, and/or sexual violence)
- Integration of physical and behavioral health care
- Having adequate mental health training for service providers
- Having adequate time for primary care providers to treat and diagnose mental health disorders

Use this space to expand on your answer(s) above. (Optional)

How do your greatest concerns impact you in your profession? (Optional)

How do your greatest concerns impact your organization? (Optional)

In your opinion, how do your greatest concerns impact Madison County residents? (Optional)

How long have you worked in a rural or small city setting?

Please select up to 5 mental health care services that you think are needed to better serve Madison County residents? Use the space below to elaborate on your answer(s).

- Substance prevention/education
 - Volunteer crisis support team
 - Mental health education
 - Mental health services provided by mental health professionals
 - Tele-health technology
 - Initial screenings by primary care providers
 - Transportation
 - Home health
 - Crisis facility for assessment, stabilization, and referral
 - Peer support group
 - Case management
 - Community-based programs
 - Residential Treatment facilities
 - Daycare
- Other (Please specify) _____

Use this space to expand on your answer(s) above. (Optional)

What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- Distance from mental health facility/provider
- Inability to get an appointment
- Stigma associated with mental health services
- Lack of affordable care
- Lack of awareness of local mental health services
- Lack of confidentiality
- Lack of mental health professionals
- Lack of continuity of care (inability to see same provider over time)
- Lack of evening or weekend hours
- Lack of insurance
- Lack of mental health specialists
- Lack of transportation or transportation services
- Lack of crisis care
- Lack of preventive care
- Resistance from family, friends and/or employer
- Other (Please specify) _____

Use this space to expand on your answer(s) above. (Optional)

Care Availability and Utilization - Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements. Use the space below to elaborate on the answers you provide:

Mental health clients are supported by their community throughout their treatment process.	<input type="radio"/>					
I know where to refer clients with mental health concerns for follow up services (e.g. peer support, community-based programs, case management)	<input type="radio"/>					
Appropriate facilities are available to those in need of in-patient care.	<input type="radio"/>					
I feel comfortable making referrals to mental health services within Madison County.	<input type="radio"/>					
I feel comfortable making referrals to mental health services in nearby communities.	<input type="radio"/>					

Use this space to expand on your answer(s) above. (Optional)

Appendix B – Resident Interview

Interview:

1. What is your understanding of the mental health programs and services available to Madison County residents?
2. To what extent do you think mental health issues are a problem in Madison County?
3. Do you have adequate access to mental health services and professionals? Please elaborate.
4. Do you believe other Madison County residents have adequate access to mental health services and professionals? Please elaborate
5. What, if anything, should be done to improve access to mental health services and professionals in Madison County?
6. Can you talk about the quality of mental health facilities in the area?
7. Please discuss the quality of mental health professionals in the area?
8. Have you or anyone you know had to leave Madison County to obtain mental health services? If so, what services were sought and how far did they have to travel?
9. What programs or services do you believe would enhance and support good mental health and well-being for local children, youth, and their families?
 - 9a. For local seniors and their families?
 - 9b. For local veterans and their families?
10. To what extent do you think substance abuse is a problem in Madison County?

Appendix C – Service Provider Interview

Demographics (skip those that don't apply to respondent):

D1. What is the average age of your client population? _____

D2. What are the types of insurance you accept? (e.g. Medicaid, Medicare, private, VA, fee for service, other _____)

D3. Roughly how many full-time and part-time staff are employed by your organization?

D4. Roughly how many active clients do you have? _____

D5. How long have you been practicing in a rural or small town setting? _____

Interview:

1. How many Madison County residents with mental health problems were seen by your organization within the past 12 months?

1a. How does this number compare with the previous 5 years?

2. Please describe the scope of your interaction with residents dealing with mental health concerns.

3. What mental health training/education have you had?

4. In your professional opinion, what are some of the major mental health challenges faced in Madison County?

5. What are some of the most common mental health diagnoses you see?

6. To what extent do you think access to healthcare is a problem for some in the community?

7. To what extent do you think chronic mental health issues are a problem in Madison County?

8. To what extent do you think substance abuse is a problem in the community?

9. How has uncompensated care impacted your organization?

9a. Do you find that third-party reimbursement for mental health services is adequate?

10. Do you have any special programs that address mental health issues?

11. What are some of your most significant upcoming plans for your organization related to mental health services?

12. What changes would you like to see regarding the delivery of mental health care to Madison County residents?
13. Have/would you make a referral for mental health services to a provider outside of Madison County? Why/why not?
14. Would you like to add any additional comments regarding mental health services in Madison County?

Appendix D – Open-Ended Survey Responses

Resident Survey

Question: Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- “Having access to local, affordable, quality mental health care is pivotal. It DOES need to be integrated into the physical care provided because they are completely intertwined. At the very least, there should be crisis care availability...”
- “Having virtually no services now, a basic set of services that includes behavioral health, screening, diagnosis, medication, and medication management. Supports to allay the impact of poverty are desperately needed. Cost of services and lack of transportation are additional problems.”
- “There is an unusually high percentage of people in Madison County who suffer from mental, emotional, or psychological disorders...”
- “...I would love to see more support-like options for people. I'm not sure that would necessarily in person, but maybe even a number to call.”
- “Local services must be a priority because few people can afford to go outside the County especially week after week. Providers need education and training to accurately triage patients and to provide medication management in cooperation with PCPs.”
- “I marked all because, mental health care is not just inadequate in Madison County, it's nonexistent.”
- “There is a lot of depression in this town. The health care cost is ungodly ridiculous. No one can afford to get better. All they say is here are some pills. You should feel better in a month. Not trying to help just shove a pill in your face. It's hard.”
- “We need a social worker in Madison County. Farming this out to Bozeman is completely inadequate.”

Question: How do your greatest concerns impact you or people you know? (Optional)

- “Must drive to Bozeman for services, crisis management, psychiatry and therapy.”
- “Officers are not trained to deal with domestic violence or mental health problem. Aware just closed so that left families with no in home support.”
- “The area has had a large number of suicide/attempted suicide incidents.”
- “I have a son being treated for depression.”
- “I have a son that is bipolar and substance abuse.”
- “The behaviors of afflicted people in such a small population undermine anything which could potentially be seen as healthy. The Disease does not like being ‘outed’ because then something constructive needs to be done about it - which will not happen even though it should.”
- “Everyday life is that much harder for several people I know (and their families), because services do not seem to be readily available locally.”

- “Must travel an hour or more for services that are not coordinated with local PCPs' care. Place a significant burden on friends and family to help access services.”
- “I interact with a person who has been diagnosed as bi-polar, and I believe this person also has a personality disorder. There is also alcohol use. While she is medicated, I have asked her numerous times to seek help in additional ways. Perhaps she would be more inclined to do so if she didn't have to drive so far for appointments. Her mental health affects all of us around her and makes for periods of needless stress and hostility in the work place.”
- “I have a lot of friends and myself that suffer depression. Can't afford to have it. Can't get rid of it. I'm on 3 different antidepressants. Anyone one with medical conditions like this get even more down when you can't afford the meds. When we finally get a good doctor that help and actually listen. They leave or get ran off it's a joke!!! Some of the staff just don't listen they don't care.”
- “These concerns don't impact me or anyone I know but I know they impact the children of this county and they are the least able to care for themselves.”

Question: In your opinion, how do your greatest concerns impact Madison County residents? (Optional)

- “In Madison County, we have a lack of local providers, I've only recently had a medical provider I felt comfortable with talking about the mental/emotional issues tied to my physical needs, and when I was in crisis, no one here could help me... except to tell me to look in the phonebook for a counselor in Bozeman. I was fortunate that a friend told me about the mental health clinic in Dillon that had sliding scale fee services... they saved my life. This could be anyone else, at any time. The issue needs to be opened up so that people can seek mental health assistance just as much as physical health assistance.”
- “Health care is expensive despite Obama Care. I think Mental Health gets overlooked because of this and is one of the last things to be dealt with.”
- “Safety for general public as well as those in crises.”
- “Many people are suffering needlessly because they cannot access services out of the County and there are many with undiagnosed mental health problems. Keep the bars in business.”
- “Unaddressed mental conditions put everyone at risk.”
- “Economically.”
- “The multi-generation dysfunctions prevalent will never go away so long as they are glossed over.”
- “Our overall well-being and prosperity are dragged down by what seems to be a high incidence of mental disorders, including substance abuse.”
- “Much undiagnosed and untreated mental illness breaks up families, causes pain and misery, and results in high rates of substance abuse and unemployment. Contributes to DUI problem. Leads to ignorance and a high level of stigma.”
- “Mental health is still considered too often to be something that a person is 'guilty' of rather than a victim of, and yet, too often people who suffer from it don't seek treatment because of the stigma. This needs to change. Most of us wouldn't ignore the symptoms of a heart attack.”

- “People with depression sometimes feel there is no way out. Acting out in suicide violence anything to get rid of that buildup of anger or resentment. Harming others or worse.”

Question: Please select up to 5 mental health care services that you think are needed to better serve Madison County residents. Use the space below to elaborate on your answer(s).

- “I don't know what ‘telehealth technology’ really is, but if it makes help more accessible, I'm all for it!”
- “Not enough is known about the local resources - experts, education opportunities, transportation, etc. Mental health education is abysmal (and I include myself in that category). How does someone recognize mental health issues versus eccentric behavior? Is mental health covered in the schools?”
- “Education is crucial but by itself it is not enough.”
- “Would like to see more suicide prevention education within the schools.”
- “Group counseling sessions could substitute for peer support groups if adequate mental health professional services were available. Community-based programs are important not just from a transportation perspective, but also because Bozeman and Butte providers are already overwhelmed without adding in the nearby rural area needs.”
- “I would include substance prevention/education under the larger umbrella of mental health education and mental health services.”
- “It is inexcusable to have no local options for the estimated 1200 Madison County residents who experience a mental disorder each year. Where there is no help and no hope, suicides increase in frequency, law enforcement must divert time and attention to provide crisis assistance, human potential is squandered, families are stressed and problems snowball.”
- “As I said, we need a social worker. We also used to have a drug/alcohol abuse counselor who came to Twin Bridges once a week. He was MARVELOUS! Clients could see him free of charge and I think he really helped a lot of families. He also consulted with spouses of drug/alcohol abusers.”

Question: What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- “I could have chosen at least three more of these! The biggest barrier is the stigma, and the lack of awareness of what is even available when it comes to options for mental health care, why you may need it, what you can do about it... then everything else comes after that.”
- “Many of these options seem redundant. For example, the inability to get an appointment is due to lack of mental health professionals or specialists.”
- “Entrenched multi-generational abusive behavior patterns.”
- “Cannot get care when no care is available. Lack of publicity about what care does exist means even those who want treatment cannot get it.”
- “In this town you're lucky if you get to see the same health provider in 5 months. You get flip flopped around and it's a joke!!!!”

Question: Care Availability and Utilization: Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements...Use the space below to expand on your answers above. (Optional)

- “I do not have children, or elderly relatives so I cannot answer those questions. I'm a 40+ year old single woman, so I answered all questions as they apply to me personally.”
- “As I have never had friends or family needing help with mental health services, I had to answer 'don't know' to so many questions as I truly don't know what mental health options are available in either this area or in surrounding areas. Apparently advertising is something I would strongly recommend.”
- “There are not any services except in the schools where only youth on Medicaid can usually be served. There are almost no services for anyone else.”

Service Provider Survey

Question: Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- “We need resources for all mental health illnesses.”
- “All of the above are of importance and needed in this area. However, the most concerning issues include the 5 I have marked above. We have a lack of adequate crisis resources, access to prevention and mental health services. Although many mental health conditions may be managed by primary care, support and additional mental health services are vital for successful management.”
- “In general, primary care clinicians have good assessment and treatment skills for mental illness, but little time to do it well and little operational links to mental healthier services deemed appropriate.”

Question: How do your greatest concerns impact you as a service provider? (Optional)

- “A lot of our patients do not have the resources to travel for care, so we need mental health assistance in Sheridan.”
- “Mental Health services are nonexistent in Madison County when it comes down to dealing with folks in crisis. We are ALWAYS left scrambling for a plan to deal with people in mental crisis. The CRT's are a joke and do absolutely no good at all. I speak from experience and have seen the frustration in the eyes and demeanor of those in need of worthwhile intervention. Law Enforcement is usually the first to get the call when a mental case gets out of control. LE and the local hospitals are always left holding the bag and usually have little or nothing with sustenance to count on. There is always much lip service given to this issue and little if anything is ever accomplished. Seems no one takes it seriously until it affects them and even then there is indifference.”
- “As an ER RN in Madison County, we are understaffed and undereducated to handle Suicide and addiction appropriately. We get patients in the ER and then have no appropriate disposition for them. We can sit one to one and provide therapeutic communication, but we really are not meeting their long term needs and we are taking away a valuable staff member in a usually busy setting. The

hope house does not take people in crisis and CRT will come, at some point, and determine deposition. But we fail to meet these patient's needs frequently.”

- “I work in Bozeman, so I would have to say it doesn't as related to Madison County, although I would say 5% of my patient load is from Madison County.”
- “It's difficult having to turn people away... or compound their problem even more by giving them a huge bill for their services that I know they can't afford.”

Question: How do your greatest concerns impact your program? (Optional)

- “The number of people with mental issues in Madison County is soaring and its draining the little resources we have. There is hardly a week goes by when someone is not in crisis. These cases affect programs that aren't even in place and prevent them from becoming reality, or so it seems.”
- “With only staffing with two nurses, to take one nurse away for a one to one is extremely challenging since we are responsible for the ER and inpatient settings. We can call in an on call nurse, which then takes away from their sleep, time with family, etc. and pay them time and a half, but that ultimately leads to nursing burn out and puts a strain on the nursing staff budget.”

Question: In your opinion, how do your greatest concerns impact Madison County residents? (Optional)

- “People in a mental health crisis are an immediate danger to themselves and others. It is important to have people with proper interventional training and facilities with appropriate safety measures in place to protect everyone involved in a crisis situation.”
- “The concerns to the citizens here in the county should be obvious. Those who don't have to deal with mental issues are very fortunate but it all trickles down. There is a huge safety issue at play here with mental health and its affects are wide spread. It can put each one of us in danger and that is unacceptable. People don't choose to be afflicted with mental issues but we have a choice to help keep them and our community services safe. Releasing people suffering from mental issues without constant meaningful guidance is a time bomb waiting to go off. We have been battling this around on borrowed time and for way too long. Remedies cost money but better than lives.”
- “There is an overall lack of access and lack of services.”
- “Education on Suicide Prevention and emotional/Mental health needs to be addressed in the schools as much or more than the Sexual Education. Both seem to be somewhat taboo and need to be addressed in a forthright manner to try to provide readily available options to kids who find themselves in situations for which they emotionally see no way out of.”
- “Madison County has a significant amount of alcohol and drug dependence and I have seen quite a bit of suicide ideation. I feel that there are really no options for these people, especially when they are in a crisis, which is typically when I see them. To detox someone in the ER and send them home because they no longer are having the crisis is inappropriate and does not contribute to improved well-being or functionality.”

- “There are lots of vets in Madison County (5th highest enlistment rate in country) amongst high school graduates.”
- “Madison County residents have the added strain of having to drive elsewhere to receive services. Some people can't afford the gas to travel or afford to take the time off work.”
- “There are not adequate mental health providers in our County. Most residents seek help outside of the county.”

Question: Please select up to 5 mental health care services that you think are needed to better serve Madison County residents. Use the space below to elaborate on your answer(s).

- “We need the above selected because they are essential for a functional mental health service to be affective. I do believe there are issues at a daycare level that could be thwarted at an early age. However, most of what many of us in public service are seeing are those teenagers and adults.”
- “Tele-psych services are available in the county but not widely utilized. Initial screenings by primary care providers are currently being performed.”
- “Mental health disease is very poorly understood in our society. I truly believe that there is a lot of education to help those who are mentally ill. Suicide prevention education is also needed. Many people lack the understanding of what depression is. Depression is not always related to a circumstance that an individual may be going through. There are true chemical abnormalities that can cause depression, which can lead to suicidal ideations.”

Question: What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- “Stigma is a considerable barrier and should not be minimized. However, I feel there are greater barriers (the 5 I chose).”

Question: Care Availability and Utilization: Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements...Use the space below to expand on your answers above. (Optional)

- No responses received.

Professional Survey

Question: Regarding the delivery of mental health services in Madison County, which 5 of the below topics concern you the most? Use the space below to elaborate on your answer(s).

- “I am retired so all of my observations are merely based on my volunteer activities.”
- “With assistance many children could lead a more stable life now and in future.”
- “Financial viability for the hospital or health agency greatly influences the services provided. Domestic Violence support services are minimal/nonexistent even though the majority of calls that local police receive usually involve domestic disputes.”

- “Because of my interfacing with [the community], I am aware that many people suffer from drug and alcohol abuse and from mental illness of various kinds. If medical professionals were better equipped to handle these issues, it would be helpful. The "whole" person needs to be treated and medical professionals need to ask the right questions in order to get at the real issue. Drug and alcohol abuse is a major problem in Madison County. We need to face this issue and be prepared to deal with it.”
- “Confidentiality is a major concern. In small towns, there are NO secrets.”
- “Pretty much all the above issues are lacking in Madison County--which puts a huge impact on Law Enforcement since we have to respond to the same issues over and over again with the same result=NO resolution!!! In which case we have to repeat procedures again and again with the same people or even new people only to have the same result=NOTHING. It has been apparent to me over the last 4 years the CRT personnel gloss over their evaluations only to turn the person loose into the community with the same excuses that the persons needs are excessive enough for further care. That is after LE has expended hours of resources to defuse the immediate problem and transport the individual to a care facility at great distance only to be released because the person knows how to play the system and is allowed to play the system repeatedly!!!”
- “Oh my goodness...the choices above are difficult to prioritize. All of them are issues. Each, according to the individual need, is critical. I checked the first one and then realized that ALL of them are issues of importance, according to the individual's need. Thank you for your efforts.”
- “Affordable services that educate/address the responsibility of lifestyles that affects patients. Cash/self-pay upfront should be drastically reduced for cash paying patients who are willing to pay at the time of any service including er and diagnostics.”
- “All of the topics you have listed are important which makes it very difficult to choose just.”
- “Everyone involved with mental health issues in the medical and mental health professions do not want to spend the time and energy to help individuals. It seems they just "sluff" them off onto other service providers. There needs to be a place that mental health issues can be assessed and the patient involved can have a safe haven while this progresses.”
- “The citizens need to know where they can go in a crisis situation, who they can call for immediate help as well as long term, information on how their doctor visits for mental issues will be paid for by their insurance (it would be different for everyone), more town meetings on mental health services, school meetings with teachers on how to spot kids or adults in trouble.”

Question: How do your greatest concerns impact you or people you know? (Optional)

- “Mental and physical health go hand-in-hand. Managing mental faculties facilitates the management of the individual's physical health.”
- “I am not aware of mental health counseling available here in Ennis through our Madison Valley Medical Center. People I know who need counseling for mental

health/psychological issues have to drive an hour to Bozeman. It's a hole in our services from my perspective.”

- “I listen to people and hear their needs.”
- “Not very much.”
- “I seldom know where to refer persons struggling with depression, anxiety, or substance abuse issues (and family violence).”
- “We have calls concerning the welfare of individuals with mental health issues, and sometimes there isn't space available in a facility that could help these individuals.”
- “LE spends numerous hours quelling situations of domestic violence, drug issues and mental disorders at risk only to have mental health officials and the courts return these same people with issues to the community repeatedly with no further support and absolutely NO follow up!! Very POOR situation!!”
- “Students not knowing how to access (or being able to afford) adequate health care services.”
- “My profession helps connect people to a place and an outlet that provides solace (flyfishing, outdoors, solitude) for many; My concerns are that those who find healing in such a place require additional assistance at a professional level that I (or the place where I work) cannot provide.”
- “It is difficult to provide referrals, as the individuals would have to travel too far to access the services.”
- “I feel poorly equipped to know how to refer people. What knowledge I've had has been through the grapevine, or just knowing someone.”
- “Students who need help are often mainstreamed too soon because help becomes a financial burden on parents. Our schools are not equipped with people trained to deal with mental disorders. One teacher once stated, ‘some kids just have to slip through the cracks.’ This comment was made about a student who was struggling with bipolar disease.”
- “No one actually cares.”
- “I am a retired special education teacher, so my answers are from previous experience as well as what is needed for senior citizens who most definitely go through mental health issues as they age.”
- “...In my profession, I found that there was little acknowledgement that there were such issues involving mental health and performance in educational settings. As a foster parent and adoptive parent, support services were limited in that particular county in MT. I have not been a foster parent in Madison County. I have concerns regarding what is available to individuals and their families in time of crisis when law enforcement is involved. There are considerable issues with young people and older adults who have had to deal with mental health issues for years without a diagnosis or assistance. I personally have had depression issues but sought help to overcome. Currently being involved with non-profit and volunteer work in Madison County, I see the need for understanding and assistance with all age groups.”

Question: In your opinion, how do your greatest concerns impact your organization?
(Optional)

- “Need to be more aware of suitable accommodations for mental health needs of participants.”
- “It makes it difficult (if not impossible) for me to help my senior clients get the counseling I think they need for depression/loneliness, etc.”
- “People come and go and share their personal lives with me and the lives of their family.”
- “Law Enforcement does NOT want to "arrest" somebody who is acting out when they need help, not jail.”
- “Wasted time, energy and funds that could be better used to keep the good people of the area safer from these same repeat offenders!! Of course, the risks involved dealing with these same repeat offenders since they know the system is broken and no punitive nor restrictions will put upon them for their actions!!”
- “Most people thank me for the opportunity to enjoy a place that provides solace.”
- “We have to send people outside of the county to receive services.”
- “The general health of the community and it being a welcoming community and safe (especially) without a horrible incident (like the one at the Silver Dollar a number of years ago) attracts tourists which are important to our business.”
- “We'd like to be able to support a resource for mental health, and be able to refer, if need be.”
- “Students miss school, live in conflict which seems impossible to resolve, are labeled misfits and miscreants etc. Teachers need training, guidance counselors need training, coaches need training, administrators need training, and staff needs training.”
- “We are many times, the last resort for people with mental health issues, and we are strapped for money ourselves.”

Question: In your opinion, how do your greatest concerns impact Madison County residents? (Optional)

- “I think people do without support because it is not easily available here.”
- “Traumatic childhoods/incidences lead to mental health issues and drug use. Mental health should be treated as preventative education instead of waiting for mental health disorders to manifest.”
- “It's the missing link in the county that has not been addressed and as the population grows mental health will impact our community and be more apparent. We need to address it before it gets even more out of hand.”
- “Many residents in Madison County who need and would benefit from mental health counseling do without such services because they don't have the time, resources, or ability to get to Bozeman for the service.”
- “Drug and alcohol abuse is a major problem in Madison County. We need to prepare ourselves, our law enforcement and our court system to help our residents with this issue.”
- “There is a stigma related to mental illness. The stigma will only continue if there are professionals in the local area that can help the many of us who could use it. Having them not available only says that we don't feel they are necessary. And they are.”

- “People will often ignore their own needs out of fear of being identified with mental health disorders, or domestic violence (verbal and physical).”
- “Madison County is a small, rural area. Most treatment facilities are in other counties, and are often full so they cannot help citizens of Madison County.”
- “All of the above mentioned facts impact Madison County and especially Madison County Sheriff Office!! Obviously!!”
- “Lack of services means lack of support for those in need which further burdens family and friends. There is anguish when one can't get help for those in need.”
- “I don't know what the percentage of people is that would benefit from mental health services in Madison County...so, I don't really know how to answer that other than to say that I believe that many could benefit if they knew such services were available. I think many try to avail them of the natural beauty our state affords...but, professional guidance is beneficial.”
- “It causes people to have to travel greater distances to receive services. We live in a rural community with wide open spaces; this is a double edged sword. It is a most wonderful place to live and a very difficult place to obtain services. It does not really seem feasible, based on population density, that the small communities of Madison County would be able to sustain resources as there is not necessarily a daily need for services. As a matter of fact, most services would be used much less often than if there were more people living in the area, i.e. a larger town/city. This does not mean there should not be services available in Madison County. There have been services in our county off and on throughout the years. They do not stick around long as they cannot keep the doors open due to low numbers of individuals and the overhead costs to have a business open.”
- “We are all affected by limited services available for those that don't just need them but to those that cannot afford them. There should be local, co-op like insurance for Madison County residents to use our own facilities instead of the facilities being so expensive that we cannot access them. There are still and will be for time to come, those who do not participate in Obamacare. Our own local health facilities should not punish those who conscientiously make that choice but embrace their choice and also their choice to get healthcare from those local facilities. Make our rural hospitals affordable for cash paying local families.”
- “We do not have enough trained people in the hospitals, on the police force, in the schools. We need to all of the services mentioned in the topics list.. Keeping the people of Madison Co. mentally healthy is as important as keeping them physically healthy.”
- “Madison County seems to be an island unto itself. Both Beaverhead and Gallatin counties have started addressing this issue by communications with all areas affected, including monthly meetings held between law enforcement, medical staff, county health nurses, counselors, and many others, and have implemented guidelines to help relieve the pressure placed on the law enforcement community, churches, etc. who ultimately seem to have to address the issues, with zero help from the medical community.”
- “More communication and advertisement is needed to reach people in rural communities.”

Question: Please select up to 5 mental health care services that you think are needed to better serve Madison County residents. Use the space below to elaborate on your answer(s).

- “Not sure what's meant by ‘initial screenings by primary care providers’ --simply a referral?”
- “Have you develop basics and then build on that.”
- “When a person is stopped for DWI or for a mental health issue, i.e. suicide attempt, where do they go for help, counseling, etc.? How do they get help to realize their life is unmanageable? How do they learn what needs to change? Our community is at risk until they learn these things.”
- “In the case of an elderly person with dementia or Alzheimer's disease, it would be helpful if the family members had some basic education available to them on what to watch for and how to help their family member as they deal with these diseases. Knowing the progression of dementia & Alzheimer's (the stages) would help the family members to keep the person safe, and make them aware of taking care of the ‘caretakers’ also.”
- “Please the above selections are needed but since funding from state level will not be forth coming I do not see any of the above to be implemented! Reason that is quite obvious, from numerous newspaper articles the last legislature funded money to the mental health issues but that funding has gone no further than the governors committee meetings, his selected personnel supposedly to create a solution but by the time they spend all the money for meetings, salaries and luncheons there is nothing left to trickle down where it is truly needed=typical politics!!”
- “Wow...I could have checked every one. Prioritizing these is difficult, but I commend you for creating the list that you did.”
- “There are not any initial screenings by primary care physicians available in Madison County. Residential treatment centers, if they have beds available, are out of county. Crisis teams can come into the county, but they are sometimes hours away from responding. Mental health professionals in this county do not provide any Pro bono services. If you don’t have the money, you don't get the services.”

Question: What do you consider to be the top 5 barriers that prevent Madison County residents from receiving mental health care? Use the space below to elaborate on your answer(s).

- No responses received.

Question: Care Availability and Utilization: Regarding the mental health services available to Madison County residents, please indicate your level of agreement with the following statements...Use the space below to expand on your answers above. (Optional)

- No responses received.