



MENTAL HEALTH LOCAL ADVISORY COUNCIL

June 12, 2017

Priorities for CSAA 2017

1. Aside from basic or essential needs, what is missing or what are the gaps in your community?
 - A crisis response system creative enough to serve all people and to keep them safe at when possible. Adequate resources and a safe place for responders to take individuals in crisis to.
 - Business models
 - Need to find new business models that work for mental health services
 - Fragmentation of services provided when everyone is competing for public, private dollars to fund services
 - Inadequate or inconsistent funding for Gallatin Mental Health Center and Help Center
 - Clear, standardized community protocol (involving ER, police, health centers, HRDC etc.) for responding to, and coordinating services for, people who are experiencing a psychotic or dissociative mental health crisis and are seemingly not able to care for themselves but are not actively suicidal or homicidal.
 - Mental illness and the courts/legal system
 - change the revolving door of mental illness/substance abuse, jail time, probation and parole obligations and legal fees, not adhering to these rules due to poverty or mental illness etc., getting back into the legal system etc.
 - Review of crisis response system to ensure that all people are being served effectively
 - Youth and adults
 - Without regard to financial ability
 - Varied levels of mental illness, not just people who need to be admitted to a crisis stabilization unit
 - Treatment and outreach options for homeless people with mental illness
 - Homeless Outreach Teams made up of mental health professionals that go where people who are homeless are spending time and provide basic needs, solution-focused and short-term problem solving.
 - MH support at the Warming Center during hours of operation
 - Homeless mental health outreach/ mental health providers who practice outside of their offices and outside of limited open intake hours.
 - Psychiatric services
 - More psychiatrists
 - Youth psychiatric hospitalization in the community
 - Psychiatric hospitalization for consumers who are medically fragile
 - Residential facilities
 - Long-term (or longer-term) crisis stabilization services instead of a 3-5 day stay.

- Mental health supportive housing for adults, youth
- Groups home placement for girls
- Sexualized behavior group homes – currently most referrals are sent out of state
- Access to services
 - Free door-to-door transportation for mental health patients
 - Extended Galavan and Streamline boundaries and Saturday routes
- Prevention and promotion efforts to reduce need to intensive treatment later on
- Readily available treatment for people who are not in full-blown crisis, and enough awareness to make sure the services are used
- Detox / Mental Health Stabilization/Inpatient Crisis Medical Center (similar to Pathways in Kalispell)
 - Example: An individual experiencing a mental health crisis and a medical crisis at the same time is placed in a Bozeman Health Medical bed with an escort in the room.
- Public awareness
 - Reduce stigma attached to mental illness
 - Increase public awareness and understanding of impact of mental illness on community, including co-occurring disorders
 - Year-round advocacy to prepare for legislative sessions
 - Increase awareness of existing resources
- Veteran peer support groups

2. Identify 3-5 top priorities for addressing local needs.

- Review of the local crisis system and funding mechanisms
- Develop a strategic plan for the community mental health system
- Augment crisis system for people who are above the threshold for [Medicaid?] funding
- Increase awareness of mental illness, the available resources, and the gaps in services

3. Identify 3-5 priorities to address statewide needs.

- Review, update, and standardize 211 system statewide
- Keep insurance for consumers to access mental health services
- Increase mental health funding
- Increase mental health screenings for young adults at primary care offices

4. For the past several years, the CSAA has provided the LACs with funds at the end of the fiscal year. Provide a breakdown or spreadsheet of how the CSAA End of Year funds has been utilized this past year.

DATE	AMOUNT	EXPENSE
7/6/2016	\$192.00	Gallatin County Commission for Resource Guides
10/13/2016	\$2,971.12	Gallatin County Commission for Resource Guides
10/21/2016	\$774.00	Gallatin County Commission for Livingston Resource Guides

Funding requests

1. Strategic Plan \$750

Developing a strategic plan for mental health services in the community will take a lot of work and funding. In order to figure out exactly what resources will be needed, we would like to work with professional planners/facilitators to develop a plan for a strategic plan. Funding will allow us to have several meetings with them and develop a road map for the community. Mental Health America of Montana is currently developing a similar plan for youth services but a comprehensive plan for all services, particularly adults, is needed.
2. Awareness
 - A. Relationship Building \$1000

This funding would allow us to meet with legislators between sessions, when they have more time to listen, and educate them on the concerns and needs in mental health. We would also like to reach out to school principals, school PACS, and Parent University to inform them about youth mental health problems and available resources for dealing with them, and to present information to service groups like Rotary.
 - B. Resource Guide \$3000

Last year we developed and distributed XX resource guides in Gallatin and Park counties. We would like to update the guide and print more for wider distribution.
 - C. Awareness \$1000

Once we have the Resource Guides updated, we would like to distribute them to the general community: community libraries, Streamline buses, school fairs, and other places not usually associated with mental illness. We would also draft columns for the newspapers in conjunction with awareness months (May = Mental Health month, etc).