



Central Service Area Authority Board Meeting

centralsaamontana.org

April 5, 2013 9:30 am- 3:15 pm

2401 Colonial Drive, Helena, MT

All Central Service Area Authority (CSAA) Board meetings are open to the public.

PUBLIC COMMENT STATEMENT: In accordance with 2-3-103(1), MCA, the CSAA Board will hold a public comment period. The Open Forum is the public's opportunity to address the Board on any public mental health issue. While the Board cannot take action on the issues presented, the Board will listen to comments and may place the issue on a subsequent agenda for possible action. The Chairperson of the meeting determines the amount of time allotted for public comment

Statutory purpose: *To collaborate with the AMDD and LAC's, to promote consumer and family leadership, and to foster individual choice and access to a continuum of mental health services in the Central Service Area.*

Statutory duties: *(1) Collaborate with the AMDD on the planning, implementation and evaluation of the mental health system. (2) Submit a biennial review and evaluation of mental health service needs and services within the service area. (3) Review and monitor crisis intervention programs within the service area.*

Minutes

CSAA 2012 Congress Agenda

- 9:30 a.m. — Meet and Greet: Membership Registration
- Welcome and Introduction to the CSAA, with Q & A
- 9:15a.m.: Ballots handed out BEFORE nominee introductions of Prospective Board members

CSAA Board Meeting Agenda

I. 9:45 a.m. Alicia Smith called meeting to order.

- Check In/Quorum: Board Members – A quorum was present – Andrea Lower, Jodi Daly, James Gustafson, Jodi Daly, Tammy Kewitch (a.m.), Sydney Blair, Cindy Smith, Shelley Edwards, Tom Peluso,

Absent: Jeanette Kotecki (excused), Sally Miller, John Wilkinson (excused), Jill Brodin (excused), Lenore Stiffarm (excused), Louise Livingood, Brett Linneweber (excused), Brian Garrity (excused), Betsy Garrigues (excused).

Guests: Cyndi Stergar, Joe Moll, Lee Crawford, Dr. Crystal Evans, Aneta Jones, Tim Guderjahn, Gary Travis, John, Paul B., Nina Bryant, Diana Willis, Kraig Burdue, Thelma Minnick, Jen Collins, John Fatter, Ray Vincent, Mari Bush, Ken Rose, Faith Rose, Kathy Dunks,

AMDD: Kristi Rydeen.

Alicia reviewed the purpose and role of CSAA in giving input to services provided for those with mental illness; there is an Eastern and Western Service Area Authority. Our goal is to be the feet, eyes and ears on the ground within the state. We need our members of the LACs to be active and let us know what services are missing. Alicia talked about ways to become more active in other committees and coalitions and how that representation is important to giving AMDD feedback. Tom gave the history of the Mental Health Oversight Action Committee (MHOAC) in asking that a study be conducted ten years ago. Because the state is large, they concluded that it was impossible to know what services are needed in the rural areas. In order to localize the needs, it meant having

representation outside of the area. In the central region we are governed by you, our power comes from your folks. You are nominating people to represent you. Tom explained the form they filled out to become a member of the CSAA. Your ability to vote requires you to renew it each year. You are always a member once you've filled out the membership form.

Jodi Daly introduced our speaker Cindy Stergar, health and human services policy advisor for the Governor. Part of Cindy's initiative or job is to assist with the constituents understanding of Medicaid expansion; she understands policies and the issues around mental health.

Cindy thanked members of CSAA for their resilience and willingness to work in this area for Medicaid reform. The Governor's office has introduced a bill that asks for full Medicaid expansion; which means people who have Medicaid will receive full benefits. Cindy stated that they have been promised it will be killed in the house; "however we have to believe that it will not be." Medicaid expansion covers substance abuse, mental health and health needs; health care is broken. How do we design something that means better outcomes and how is the cost of services is managed? States cannot be forced to accept Medicaid expansion. The Governor feels very strong about Medicaid expansion; it means more jobs within the state.

Providing quality health care in the future is seen as a critical issue for us. The impact for the first few years is minimal; in a few years we would pay 10% for this coverage. We need everyone's help in getting this passed. There is currently a group of Republicans who do not want federal money which they believe means more control. We believe Medicaid reform is important for providing equal opportunity and access to medications. We know that stabilization means having some kind of support to do well; there is some legislation for peer support. We believe there has to be reform in the health care industry as well as coordination of services. How do we coordinate services so that people know how to access care without too much effort? Cindy gave a brochure (Montana Health Co-Op) by a company who has outlined an example of what services and plans may be available.

Why the exchange is going to be monumental is because members of Montana have never been able to compare plans. We anticipate that in five years premiums will come down and be more accountable in a way we have never seen. Cindy passed out the booklets with the current legislators for reference or if you'd like to contact them about anything.

Cindy recently visited the mental health correctional unit in Lewistown. One of the things she has learned is that many of our young people don't have the same coverage as others and they deal with multiple issues as a result of their mental illness. We believe this population of young people would access services so they don't spend unnecessary time in the correctional system.

Cindy reminded us that we elect those representatives and they will listen to their constituents. We talk about Medicaid expansion and reform which is: SB 395. As long as it has 100% expansion and that it focuses on reform. The Governor's bill was 590, which is similar to **SB 395** which was developed by the hospital committees. Alicia Smith reminded members that she has provided to us via email the link for giving comment to our legislators as a public citizen. Medicaid expansion means expansion of 7,000 jobs. If we do not except Medicaid expansion from the federal money this money will go to other states. The federal government has never failed to provide the money to support roads and health; 9,000 vets would be served by this. We often assume that our Vets are fully covered; they are not. Our biggest concern is that out of 70,000 people who would be eligible for Medicaid expansion are currently living below the poverty guidelines. Only about 20 %, approximately 27,000 people, are between the 100-138 % poverty guidelines, they would be eligible and receive full

subsidy under Medicaid. The remainder would have to purchase or supplement with a private plan.

However private supplemental health insurance would not be required for this group. Our concern is that we'd like to reform Medicaid; once it goes to the public market we will not have the ability to influence and reform. We must meet the essential benefit package guidelines to submit for the authority to run the exchanges. Most health insurance companies are for profit. The brochure that was handed out is from an insurance company that has presented tables which explains how this might work. Cindy is concerned that as changes are made in how health care is delivered, many of the providers will not accept the rates.

Cindy talked about how medical homes can assist with integration so that we can limit segregation and begin to measure outcomes. She explained that medical homes function as a treatment team working together for better outcomes. In theory the Medicaid block grant would continue so that you can use this money to continue with other types of waiver programs and services such as peer and crisis services. We can't cut what we have to add to services. In the past it has taken three months to determine Medicaid eligibility. The CHIMES system has been difficult to work with in terms of getting people eligible for Medicaid. A question was asked about how would sovereign nations be served or fit; they would participate in exchanges. There are currently leaders from the nations involved in discussions right now. The concern is that even if they are eligible for Medicaid they may not use it.

II. COMMITTEES – Tom Peluso reviewed membership of the CSAA board. CSAA needs 12-15 representatives with 50% of the members from boards and either a family member or consumer of services; he explained the role of members at large. Members at large represent a specific constituency, for example; Shelley Edwards represents all hospitals at large as well as the Helena area. Tom handed out the nominees. He asked the nominees to give background as to what their interest is in becoming a board member.

Shelley Edwards talked about her specific interests in advocating for geriatrics and rural access to services. Shelley stated that she would like to accomplish an integrated approach and provide a full system of care. Shelley feels we need to look for evidence based practices to bring the highest quality of care to those people who need the services.

Dr. Crystal Evans is a nominee from the Blackfeet Wellness Center in Browning, a licensed mental health center. Dr. Evans has a Ph.D. in Clinical Psychology. She talked about consumers having choices in providers and believes that there aren't enough providers for their area. Lee was introduced as a licensed addiction counselor. She believes there needs to be treatment options that are culturally sensitive. Crystal is a provider and a family advocate.

The next nominee is Rodger McConnell who is currently going through heart surgery. He is a veteran, an advocate and peer supporter; he would represent the veterans. Rodger is the co-founder of the veterans stand down. He brings the veteran perspective and understands how to bring large groups together to get things done. He is an advocate on public radio for veterans.

Diana Willis nominated Kraig Burdue for the veteran at large board position. Lee Crawford seconded the motion. The board was looking for someone who had completed a combat tour; Kraig is a combat veteran. Kraig reviewed his background and interests in serving on the board. He talked about his history as a vet and later his mental health issues. He lost a girlfriend who was killed in combat. He is a crisis intervention worker at the Hope House and volunteers at the drop in center.

Kraig stated that he would like to represent the vets and be able to help them. He would like to see the community's level of care that would bring the Vets to places like the HOPE House. He talked about his homelessness as a result of his mental health issues. He would like to work on the issue of veterans returning into the community; Kraig had little support and no family.

Tom asked for everyone's votes.

CSAA April board meeting:

The board meeting was called at 1:22 p.m. by Alicia Smith. We do not have a quorum unless more board members come back to the meeting so we will not be able to vote officially. **New board members:** Dr. Crystal Evans (Glacier County), Rodger McConnell (Veteran at large position) and Shelley Edwards (Hospital at large position).

V. NEW BUSINESS – Alicia reviewed the draft of an email policy with an explanation to board members as to sharing information. The goal is to run information past Alicia so that we can avoid duplication. Alicia reviewed the new policy in regards to fiduciary changes in reimbursements. She reviewed the CSAA voucher payment system.

In regards to excess CSAA funds, Alicia asked that a LAC representative fill out an informational sheet as to how they would spend the CSAA funds if awarded. She asked that the requests be submitted by May's meeting. Cindy gave examples of how the funds had been used in the past to support the local LAC. A discussion of membership with LACs and getting more involvement ensued. Cindy Smith would like to see commissioners take a more active approach in LACs by attending the meetings. Kristi Rydeen talked about the role of community liaison officers to assist with involvement in LAC's.

Tom asked for a discussion as to how we can assist those who travel a distance and cannot afford to attend meetings. American's with Disabilities Act suggests that we make reimbursement accommodations for those who have disabilities. Tom recommends that the board consider an advance request be submitted for travel; he would like that discussion in next the next meeting.

Tom asked that Kraig Burdue submit a formal application to become at large board member. Tom shared with the board the statistics for diagnosis of bipolar disorder, schizophrenia and major depressive disorder. He would like us as a CSAA formally request that AMDD expand the Medicaid waiver to include the major mental illnesses.

The board discussed the annual budget specifically if the CSAA's should build into its annual budget financial support for CSAA's. It would mean looking at having fewer meetings or looking for other cost saving measures. One suggestion was that May's board meeting be canceled so that funds could be directed to LACs. Jodi suggested that if we do not have specific goal for the meeting, the LAC' should be supported. Jodi's preference is that the money be distributed to specific causes or LAC's. One idea was to support a mental health first aide training. Jodi reminded everyone that not all of the LACs requested the money after

the board allocated funds. At the June 28th meeting the board will make a decision on the funding balance and priorities. All board members are encouraged to research options for meetings and to increase board participation through other means. The board delayed in making a decision as to the financial support of LAC's until further discussion is held.

Andrea took over running of the meeting at 2:45 pm. Tom has reserved the CSAA meeting space to be held in the Wilderness Room on the 2nd floor. Call Becky Yancy to make changes at 444-2099 with regard to rooms. The board confirmed future meeting dates.

IV. TREASURER'S REPORT: Alicia handed out the treasury report to the board. There have been changes to the number of meetings as a result of budget cuts. Alicia asked for comment on whether we should have a meeting in May or June or give additional financial support to CSAA.

VI. Next Meeting: *June 28, 2013*

VII. Adjournment: Andrea officially adjourned the meeting at 2:50 p.m.

UPCOMING 2013 DATES TO REMEMBER:

Upcoming CSAA Board meeting dates:

All meetings held at TRW Building, 2401 Colonial Drive, 2nd floor conference room unless otherwise stated. TBA = to be announced.

- May 31, 2013
- June 28, 2013
- August 23, 2013
- October 25, 2013
- November 22, 2013
- December 20, 2013

Contractual Obligations:

- SAA's Combined Biennial Report due November 2013
- Annual Report due August 1, 2013