CENTRAL SERVICE AREA AUTHORITY

centralsaamontana.org

Congress Meeting –April 5th, 2014

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I. Meeting called to order: The meeting was officially called to order at 10:24 a.m. by Andrea Lower

Board Members: Andrea Lower, Sydney Blair, Brian Garrity, Mike Murray, John Wilkinson, , Tom Peluso, Scott Malloy, Gary Travis, Betsy Garrigues, James Gustafson, Jeanette Kotecki, Crystal Evans, Gary Travis

AMDD: Kenny Bell, Jane Wilson, Deb Mattecucci

Absent: Roger McConnell, (ex) Jill Brodin (ex), Cindy Smith (ex)

Guests: Patti Jacques, Sally Miller (Veterans advocacy rep.), Ray Roberts (family) Gary Mihelish (Family), Joe Moll (consumer), Connie Moll(consumer) , Alicia Pichette (BOV), Lisa Ferkovich (family), David Ayers(consumer)

I. Check In/Quorum: Andrea Lower called the meeting to order at 10:24 a.m.

II. Introductions: & Welcome: All participants introduced themselves. Andrea reviewed the outline of the agenda and goals for today. Review SWOT and afternoon break into groups and discuss The afternoon will be the election of officers.

AMDD report: Deb Matteucci talked about the Mental Health Bureau community program officers that serve regions throughout the state. She believes they are doing a great job of bringing back concerns, positive things going on, program needs, and programs development assistance needed. For example is there another way to offer more crisis intervention at the community level, transitions into adult services or those individuals leaving the state hospital. The MHOAC has talked about this over the last few years. The division would like to look it more closely. Better integration with physical health. Stigma is still an issue for our combat veterans getting help and young adults who are in need of help. These are the issues Deb has heard through reading meeting minutes, discussions with field staff, and reports to the division. This information is used for planning as budgets are developed. There is something on the table as they build the budget. What's the best peer program. Hoping to review the grant projects that wrap up in June of 2015, what model has the best the outcome to justify why the division would put money into that service. We need to make data informed decisions for care. 2003, 2008, and 2013 look at the fact sheet and how has the population changed, is there a shift in trends or demographics, income levels, diagnostic categories so that we can make decisions on planning and funding. Deb would like AMDD to be a resource for people in the different regions, let the five CPO's like Kenny or Jane know if there are problems. Brian asked the division for a vision or strategic plan for five years down the road, understanding that there are two year legislative cycles and that you can't forecast what will happen. Deb stated that the

Mental Health bureau met yesterday to do some planning. When you want to change the system you've got to make an investment on the front end for the different interventions and it is difficult to find funding to invest in both buckets at the same time. You are always campaigning. Prevention doesn't always balance in the biennium. And sometimes prevention takes more than two or four years. If we invest in this, could we reduce the cost and have better outcomes? Where do we find the outside money when we are perpetually involved in budget restrictions or controlling of cost? How do we leverage these things through planning past a eighteen month cycle. Can we more creative with block grant funding to shift the bell curve or test things so that we can go to the legislature to show data and results? Deb believes this may assist in tipping the cycle we are in. If we have a plan and a proposal for all of these things and some things fleshed out with data, maybe we can say here are some things that fit in with what others that have presented models. Deb feels there is a lot of room for improvement of building the vision and the specific model in front of the legislature. AMDD have not received a lot of guidance from the executive (governors) office as to what they can expect in state model or funding at this point. AMDD would like to accurately represent through the interim stakeholders needs through they're input. Tom Peluso talked about past efforts of the CSAA/MHOAC. Some of the things they worked on was getting MHSP funding. The mantra during that time was "Nothing about us without us" including the EPP. We understand there are political processes that go on without us, however we have to work together. In this group is a resource that AMDD cannot do without and in turn we cannot make a difference without you. How can we work together to serve the people we serve without enemies. Most of the gains that have been made have happened on the community level some with the governor's involvement. Deb stated that she feels that we are in a different place then previously with more open communication. The director that AMDD is under really cares, and wants to hear from people and is open to what would help. He may not get to make that final decision but the culture seems to be different. She suggested that we involved Director Opper into the fold. Scott Malloy talked about the need for vision within the leadership. The process right now is that someone up the line makes the plan without input from stakeholders. There does not seem a sense of vision of where we are going to be in three or five years, from a provider stand point it's difficult to serve people. We need bold leadership. The stakeholders that have the loudest voice seem to be heard. It should be with an agreed upon plan. Deb asked how can we use what's in place right now for coalitions and committees to make that happen. Brian Garrity talked about his frustration in the past with AMDD leaders not being able to comment publicly without permission from up above administration. Brian talked about the legislators typically wanting to sustain the Institutions in place with limited support at the community level. How do we fund both of those things until the community prevention side can show some of the positive outcomes? There are diversion supports and recovery supports that need to be in place other than the larger towns; what about Lewistown or Chinook? There should be a semblance of a continuum for these communities which will take some creativity. Deb feels that we are so far ahead of other states in comparison to other states in initiatives like; veterans, CIT's, 72 hour, peer support, drop in centers, and supported employment. Sally stated that she appreciates that providers and communities are given kudos for implementing some of these evidenced based practices however there isn't a good mechanism for communicating the positive things happening. Deb responded that there are great things happening in small communities that we don't hear about it. They are looking at how to use the LACs in a more effective way to identify what areas are struggling and what has worked for other areas as well as other existing coalitions. The needs are different in every community but they may have the same challenges. Patti stated that she had three questions; the first has to

do with the fiscal year general fund budget- and how much was in the surplus. Has there been any discussion with the Governor's office in taking the surplus money to put in a trust to sustain some of these other programs that are working? Deb stated she has not been a part of a discussion to set up a trust. Is there a way to invest in services the second question is; has your office looked at a way to work with CMS and its overall plan for dealing with it. The third question has to do with NAMI and the history on Medicaid/Medicare inpatient facilities and going into intensive treatment facilities and not paying for these services however if they to in for a broken leg they pay for it. Has there been any conversations about how to impact the federal (CMS) plans of which seem to discriminate against the mentally ill. Has there been any discussion on trying to impact or legislate on the federal level? Deb believes that there are opportunities to communicate on some level, but our focus has been on the local and state level to date. There have been discussions about what they can do for some of the issues that are effects of the CMS funded limitations. Patti commented that maybe at the state level we should be saying on the federal level that this is going on.

Tom stated we have responsibility at the CSAA and LAC level to communicate these issues federally. He presented past successful efforts of the SAA's and MHOAC in terms of getting new services developed; pharmacy assistance, and crisis services. He asked that AMDD involve the SAA's when AMDD does their strategic planning for needs and programs. Tom pointed out that we do exchange the minutes at the LAC level. Deb feels the delegates from the MHOAC need to do their job to communicate what happened to LACs and SAA's as she does not see it in the minutes. Sydney talked about using true outcome measures to drive decision making at the executive letter. She asked that when the division does there strategic planning that they give serious considerations towards an effective outcome model or measure. David Ayers talked about being a consumer of services and that he is very appreciative of what providers do. His background is in economics; As we look at funding the agencies involved that we ask the right questions to make sure the analysis is done properly for valid information. So that we can say what's is common not common language. Joe Moll asked about getting the same rate for WRAP as with the Medicaid waiver within the nursing care side. Deb stated she would look into it. Gary Travis commented that it takes a recipe to make a good product. Deb stated they have invested in tele-health devices to improve communication in every remote area that can be used for medicine, outreach, and meetings. There is a lot of infrastructure to improve communication. Gary Mihelsh commented about Patti's discussion on the IMD exclusion (once mentally ill person is adjudicated criminally they lose all Medicaid benefit funding and care) Gary stated that some people think that CMS is the answer to that issue. He pointed out through organized efforts and action the coalitions were able to shut down the vote for the Medicare D pharmacy exclusion. His point was –don't be afraid to be active and give your opinion. There is an opportunity for Montana to apply for some funding with the feds through the law related to the excellence in mental health for improving services. It would however take a tremendous collaborated effort from all stakeholders. Deb stated we are behind on the planning for these funding efforts. The funding is for eight states.

Executive Director of the board of Visitors (BOV) Alicia Pichette talked about the role of the BOV and asked for board applications to fill some gaps on their board. All applications are online and subject to Governor approval.

III Board Elections: Tom explained that members cannot serve more than two terms without taking a break off the board. Jeanette and Tom are both running for membership. There are two other applicants, but there is not an opening for these positions. Mike Murray motioned that both members be reinstated on the board, Bryan Garrity seconded the motion, a vote was taken and unanimously voted in.

IV Town Hall meeting: The process for guiding the next years as to what the board hopes to achieve will be a discussion using the SWOT model (Strengths, Weaknesses, Opportunities and Threats) which will be lead by Sally Miller.

Sally stated our responsibility is as the CSAA/ LACs is to look at the continuum of care and give feedback on what is needed and how things are working in addition to communicating what specific areas are.

Sally lead the discussion as Scott Malloy took notes.

VI. **Adjournment:** Andrea called the meeting to a close.