

## CENTRAL SERVICE AREA AUTHORITY



### **Central Service Area Authority Annual Report FY 2012**

The Central Service Area Authority (CSAA) is a non-profit corporation of the State of Montana. The central area is defined by the Montana Department of Public Health and Human Services, and includes the counties of Blaine, Broadwater, Cascade, Chouteau, Gallatin, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Park, Pondera, Teton, Toole. Three Indian Reservations are included in the CSAA: Blackfeet Reservation, Browning; Rocky Boy Reservation, Box Elder, and Fort Belknap Reservation, located in Blaine County.

There are six Local Advisory Councils (LAC) within the CSAA: Park County; Gallatin County; Lewis and Clark County; Great Falls; Havre, and Hays – TiNellnKiin. Each LAC appoints a representative to the CSAA Board of Directors. The remainder of the CSAA Directors are elected.

### **Central Service Area Authority Mission Statement**

The Central Service Area Authority (CSAA) was established by State statute to collaborate with the Department of Public Health and Human Services (DPHHS) and Local Advisory Councils (LACs) in the planning, implementation and evaluation of a consumer-driven, recovery-oriented and culturally competent public mental health care system.

Our mission is to assure that people living with mental illness (also known as consumers), their families and other community Stakeholders have a strong voice in defining, developing, managing and monitoring public mental health care delivery in Montana, with a focus on the Central region of the state. The primary objective is to ensure that consumer's needs and preferences are at the center of the services provided.

Service Area Authorities operate on the premise that an effective public mental health delivery system depends, first, on the active participation of consumers of services and their families, and then from stakeholders and advocates. The Central Service Area Authority follows an affirmative action plan in order to insure that the needs of people living with serious and disabling mental illness have voice so that they have the opportunity to shape the system providing services. Over 80% of the CSAA Board of Directors is a Consumer of mental health services or Family- members.

### **Objectives of the Central Service Area Authority**

Ensure that care provided to individuals with mental disabilities in Central Montana is:

1. **Consumer-Driven**, so that consumers' needs and preferences significantly influence the services provided, and so that consumers have some choice regarding their services and providers.
2. **Family-Centered**, thereby ensuring that the consumer and their families assume greater leadership in the public mental health care system, for instance, have a stronger voice in managing funding of services, treatments and support systems.
3. **Clinically Effective and Evidence Based**, in order to enhance accountability, ensures a continuum of care and promotes "best practices."
4. **Fiscally Responsible**, ensure the most efficient use of resources possible, given the budget constraints for each service region and the state.

5. **Recovery-Oriented**, that is, focused on meeting basic needs, enhancing coping skills, facilitating recovery, promoting independence and building resilience.
6. **Locally-Informed**, One size does not fit all. Service needs in different catchment areas are not the same. Although many essential service needs may be identical, the distribution of service assets will differ from location to location.
7. Well-**Coordinated**, with what is provided in other areas of the State when appropriate.

**Action items that the Central Service Authority participated in or funded in fiscal year 2012:**

1. The following CSAA subcommittees meet and continually discuss issues related to the following topics: Peer Services; Crisis Services; Membership/Strategic Planning; and Executive Committee Planning. A reporting system is in place and available to Board Members. Issues, processes and assessment of all topics is continually supported and encouraged.
2. Started and nurtured a conversation with AMDD about standards and licensing for Peer Support Specialists. We are pleased to report that these discussions were an influencing determinant for AMDD to form the Peer Support Task Force. We have several CSAA committee members as part of that Task Force.
3. Added new Board Members at the Congress while maintaining the balance between Consumers and other members.
4. Elected a new slate of Executive Officers. Offered training to all Board Members.
5. Developed a “Communication Tree” of current community stakeholders that would benefit from CSAA information.

6. Hosted the annual Congress at the CSAA Board Meeting (4/27/12). This meeting elicited discussion about legislative priorities and readiness for the upcoming legislative session.
7. Complete revision of the website [www.centrialsaamt.org](http://www.centrialsaamt.org) which, as of 7/29/12, has over 20,100 visitors.
8. Developed CSAA website to include Reports relating to the Board; a robust list of mental health Acronyms; a subscription page listing online resources as well as magazines; and soon a list of recommended books.
9. Provided letters of support for the 2013 legislative priorities of NAMI MT and the Systems of Care (SOC); after hearing presentations from their representatives.
10. The CSAA President, Alicia Smith, provided testimony on HB 143 to the DPHHS interim committee on May 14, 2012.
11. CSAA Members have participated in interviews for new AMDD staff (CRM) as well as participated in the RFP process for review of the Recovery Grants.
12. CSAA wrote letters of support for two applicants for the Recovery Grant (Gallatin County and Great Falls).
13. The CSAA requested several speakers to educate us; as well as to collaborate and discuss questions and concerns we have in regards to crisis services, mental health/physical health concerns and legislative issues/priorities. These speakers have included: Dan Ladd; Matt Kuntz; Clare Lemke; and Randy Vetter.
14. The Board continues to support the creation of additional Local Advisory Councils (LAC's). Members of the CSAA have given templates and offered to speak to LAC's in this catchment area to assist with strengthening and partnering for better participation. For example; the Gallatin CSAA Board Members offered their experience and templates to

Lewis and Clark stakeholders as to how they develop their county supported LAC.

Perhaps most importantly, we foster conversations at every meeting amongst LAC's, Providers, Family Members, Consumers and representatives from AMDD and other groups. This works to create a community, among a broad representation of people, who otherwise might not meet together. By reporting on what each person is doing or needing, we learn from others what's happening in our communities. From there we are able to enlarge the conversation around mental health in the Central Service Area.

We appreciate the input and guidance from DPHHS/AMDD and hope to collaborate to a greater degree in the years to come.

Respectfully submitted,

Alicia Smith, President CSAA

[alicia@aliciasmith.com](mailto:alicia@aliciasmith.com)

406-994-9134