



Central Service Area Authority Biennial and Strategic Plan October 31, 2012

Central Service Area Authority-Introduction

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.

Commitment to the Principles of Recovery

The CSAA affirms and applies the basic principles of recovery as expressed in the 2001 President's New Freedom Commission on Mental Health and the 12 Guiding Principles of Recovery as promulgated by SAMHSA. These principles are summarized as follows with each of the six New Freedom Goals covering the SAMHSA Recovery Principles and followed by the CSAA objectives:

Goal 1. Americans understand that Mental Health is Essential to Overall

Health: there are many pathways to recovery; recovery is holistic; and recovery is a reality. It can, will and does happen. The CSAA objectives are recovery oriented, based on meeting basic needs, enhancing coping skills, promoting independence and building resilience.

Goal 2. Health Care is Consumer and Family Driven: Recovery is self-directed and empowering; recovery involves a personal recognition of the need for change and transformation; recovery has cultural dimensions; and recovery is supported by peers and allies. The CSAA objectives are both consumer driven and family centered in order to give a strong voice in managing funding of services, treatments and support systems.

Goal 3. Disparities in Mental Health Services Are Eliminated:

Recovery exists on a continuum of improved health and wellness; recovery involves addressing discrimination and transcending shame and stigma. CSAA Objectives are locally informed to reflect the differences in distribution of service assets, issues of accessibility, and well-coordinated with what is provided in other areas of the State.

Goal 4. Early Mental Health Screening, Assessment and Referral to Services are

Common Practice: recovery involves a process of healing and self-redefinition; recovery involves a personal recognition of the need for change and transformation.

Goal 5. Excellent Mental Health Care is Delivered and Research is Accelerated:

recovery exists on a continuum of improved health and wellness; recovery emerges from hope and gratitude. CSAA Objective 3 provides for clinically effective and evidence based practices to ensure a continuum of care with the quality of "best practices."

Goal 6. Technology Is Used to Access Mental Health Care and Information:

Recovery involves (re)joining and (re)building a life in the community. CSAA Objectives support coordination of services with what is available in other areas of the state.

CSAA Objective 4 states the commitment to ensure the most efficient use of resources given the budget constraints for each service region and the state.

The Central Service Area Authority was founded on the commitment to the Principles of Recovery, the New Freedom Report on Mental Health and development of a continuum of care for mental health services in Montana, which is consumer and family driven. This commitment is a pervasive value system that impacts the work, the philosophy, and all decisions taken by the CSAA.

The Strategic Plan

The CSAA recognizes that in an election year it is difficult to predict the parameters of the resources, which will be available in the next biennium. It has established three work groups to focus on the work ahead. These groups are policy, crisis and peer groups.

Policy group: maintain high fidelity wrap around to the children services and support Medicaid enrollment efficiency. Revise the discharge planning process in the probation and parole system to work effectively with offenders who carry a SDMI diagnosis including pre and post-trial services.

Crisis group: support crisis funding for both adult and children services. Crisis priorities include: trauma informed initiatives, cultural initiatives, transportation to and from the state hospital, revise the definition of emergency standard, and suicide prevention. Suicide prevention would include education and outreach including Children, Veteran and Native American services.

Peer group. Expand peer support services, peer support training, peer support certification or licensure (so peers can be paid for their services), access to housing and employment programs.

The CSAA has also agreed to join with NAMI, NMHA, MPN and MHOAC in developing and focusing on the Systems of Care: Community Planning Committee (for youth). Specific priorities as follows:

1. Continue capacity building of the High Fidelity Wraparound Service Model: in community, family centered, age appropriate, peer supported.
2. Continue to train and educate on Suicide Prevention.
3. Support the use of a common Functional Assessment to be used system wide: i.e. CANS, which would encompass cradle to grave assessing to support continuity of care.

4. Continue training support for Trauma Informed Culture (care): i.e. The Sanctuary Institute model.
5. Increase Community Crisis Response Capacity; Training for law enforcement (CIT), local stabilization funding.

The CSAA also recognizes that other issues that contribute to holistic recovery such as homelessness, hunger, employment, and reintegration into the community will become part of the discussion of the CSAA and may be addressed as needs become apparent and resources become available.

The CSAA is charged with identifying gaps in services and will be referencing other tools such as the Bazelon Report, a SAMHSA funded review of Gallatin County, and the needs analysis projects done by Great Falls and Havre LAC's. These analyses contain the following common themes:

1. Access to services
2. Public awareness
3. Knowledge of who does what in each community ad across the state
4. Stigma about mental illness and Recovery principles
5. Substance abuse, especially among Youth and Youth transitioning into the adult system.

Input from discussion in the MHOAC (Mental Health Oversight Advisory Council) meetings include:

1. Development and funding of a regional crisis system for children
2. 72-hour presumptive eligibility for children (as well as adults, which already exists)
3. Change in licensing for Mental Health Centers to allow provisions of Substance Abuse treatment
4. Cover Evidenced Based Co-Occurring (i.e. Dual Diagnosis of mental health and substance abuse) Treatment under state Medicaid
5. State funding for training in Integrated Dual Diagnosis Treatment Practices.

Conclusion

Acknowledging that a comprehensive strategic plan goes beyond a mere listing of topics and priorities, the CSAA will focus its efforts on developing specific goals, measurable outcomes funding sources and timelines for the various issues and activities described above. Each issue will be assigned to a work group and charged with developing those specifics.

The CSAA has a commitment to remaining responsive to the needs of each

community, coordinating information and resources in order to provide equity access to its residents and to treat consumers, families and providers with open mindedness, respect, and accountability.

There are two additional pieces of info, which are a part of this report:

EXHIBT A - CSAA Legislative Priorities for FY2013, page 6

A listing of Common Acronyms found on the CSAA website at
<http://centralsaamontana.org/resources/acronyms/>

Respectfully submitted,

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President of the CSAA

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Exhibit A

Central Service Area Authority Legislative Priorities

FY2013

Support ongoing adult and children's advocacy systems, including peer support, high fidelity WRAP around (including DPHHS involvement), suicide prevention, trauma informed culture initiatives.

Support funding, including evidenced based programs, Medicaid waivers, reimbursement systems, and CRT support (because funding these measures lead to overall decrease in long term costs).

Support preventative measures to decrease crisis services' needs, including CIT, other trainings and jail diversion.

Support consumer structural needs, including employment, housing and open access.

Support legislative changes, including improvement of commitment standards and pre/post-trial supervision system.