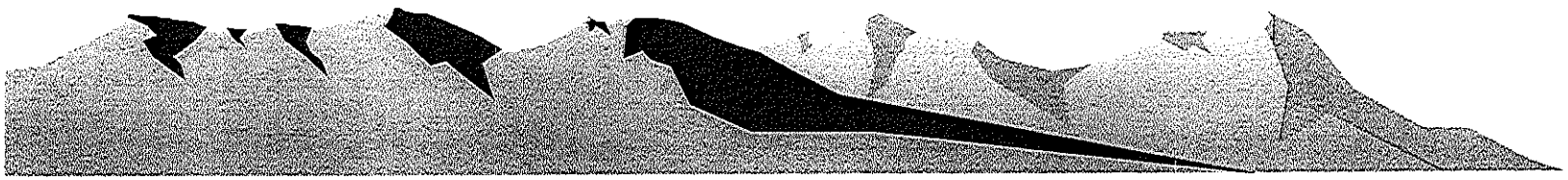
Central Service Area Authority

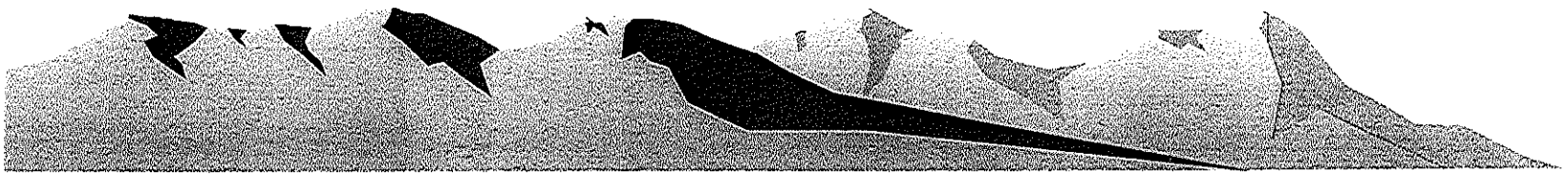
Strategic Planning Session

May 25, 2007



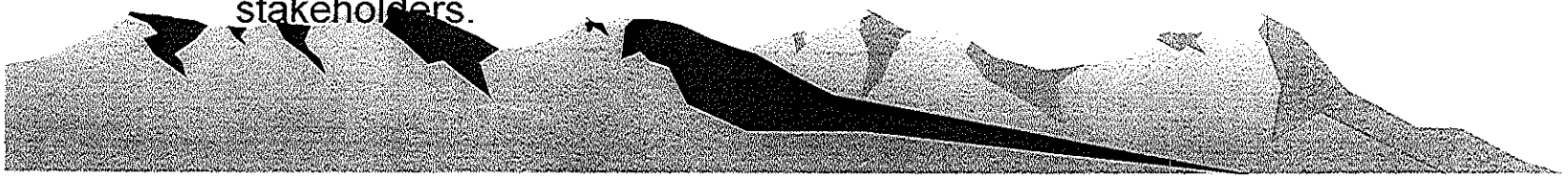
Objectives: The objectives of the CSAA are in support and correlate to the President's New Freedom Commission on Mental Health: Achieving the Promise – Transforming Mental Health Care in America

- **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;
- **Family-centered**, thereby ensuring that consumers and their families assume greater leadership in the public mental health care system (e.g., have a stronger voice in managing funding for services, treatments, and supports);
- **Clinically effective and evidence-based**, in order to enhance accountability, ensure a continuum of care, and promote "best practices";
- **Fiscally responsible**, to ensure the most efficient use of resources possible, given the budget constraints for each service region and the state as a whole;
- **Recovery-oriented**, i.e., focused on meeting basic needs, enhancing coping skills, facilitating recovery, promoting independence, and building resilience;
- **Locally-informed**, i.e., reflective of and responsive to the needs, exigencies, and solutions identified by significant stakeholders from the communities in which it is delivered;
- **Culturally-competent**, i.e., sensitive to, respectful of, and competent regarding important dimensions of human experience (e.g., race and ethnicity, gender, sexual orientation, religious affiliation) as they may relate to a consumer's treatment and recovery;
- **Holistic**, i.e., addressing all aspects – physical, psychological, emotional, social, and spiritual – of a consumer's treatment and recovery; and
- **Well-coordinated**, when necessary or appropriate, with that provided in the ~~Central~~ Western and Eastern regions of the state.



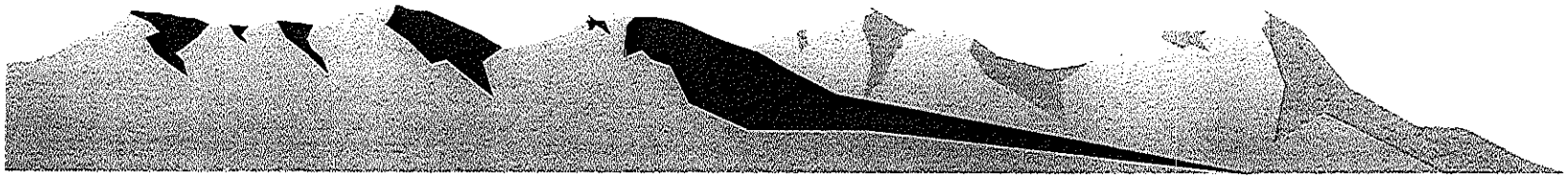
Outcome Measures

- **Consumer involvement:** Requiring a minimum of 51% consumer involvement on the CSAA Board will help to ensure that the needs and wishes of consumers are truly represented.
- **Consumer buy-in:** Putting the needs of consumers first, giving them 51% control, and getting them involved in the leadership of the CSAA will all help consumers to feel that their participation is valued and actually makes a difference.
- **Broad-based participation:** Increasing the stakeholder base by 10% a year (consumers, family members, providers, mental health professionals, administrators, and staff) to the CSAA will help to ensure that multiple viewpoints are represented, that checks and balances are built into the development of a responsive system, and that the organization will be more stable.
- **Achievable goals:** Setting (and meeting) achievable short-term and long-term goals will help to give the CSAA a sense of purpose and efficacy and make it easier to measure its impact. The three time a year Congress meetings will provide a platform for sharing the outcomes or updates of the goals and setting new attainable goals that can be identified in the bi-annual report to the Montana Legislature.
- **Credibility:** Putting consumers first, fostering broad-based participation, and achieving its goals will all help the CSAA to be more responsive to the needs of the individuals it represents and help it to establish credibility in the eyes of legislators, participants in the mental health care system, and other important stakeholders.



New Freedom Commission on Mental Health: In a Transformed Mental Health System…

- Goal 1 – Americans Understand that Mental Health is Essential to Overall Health.
- Goal 2 – Mental Health Care is Consumer and Family Driven.
- Goal 3 – Disparities in Mental Health Services Are Eliminated.
- Goal 4 – Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.
- Goal 5 – Excellent Mental Health Care is delivered and Research is accelerated.
- Goal 6 – Technology is Used to Access Mental health Care and Information.

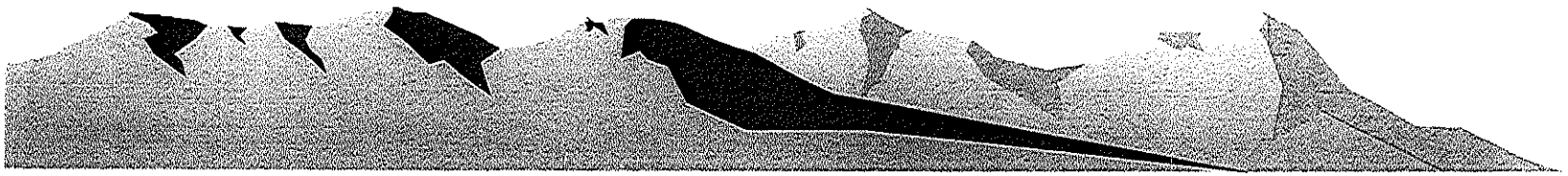


Measurable Achievements or Actions:

Americans Understand that Mental Health is Essential to Overall Health

CSAA 2007

1. Development of Strategic Plan
2. Participate in NASC (National Anti-Stigma Campaign
3. Develop Leadership/Mentor training for Consumers participating in CSAA
4. Participate in MMHA Mental Health Day at the Capital
5. Advocacy Consensus on Legislative Mental Health Issues

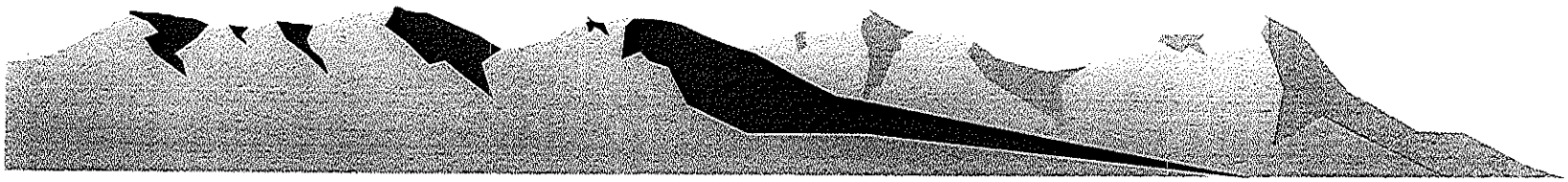


Measurable Achievements or Actions:

Mental Health Care is Consumer and Family Driven

CSAA 2007

1. CSAA is 51% consumer membership
2. Mental Health providers recognize and refer consumers to NAMI functions
3. Initiation of WRAP training (Wellness Recovery Action
4. Measurable Achievement or Action to measure "consumer buy-in (KH)

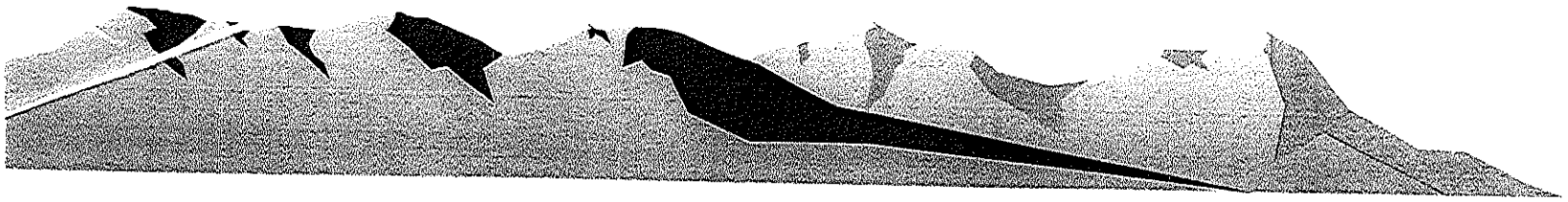


Measurable Achievements or Actions:

Disparities in Mental Health Services Are Eliminated

CSAA 2007

1. CSAA recognizes and supports National and State parity of mental health and medical/surgical benefits
2. Crisis Stabilization and Crisis Response available across communities in Montana
3.



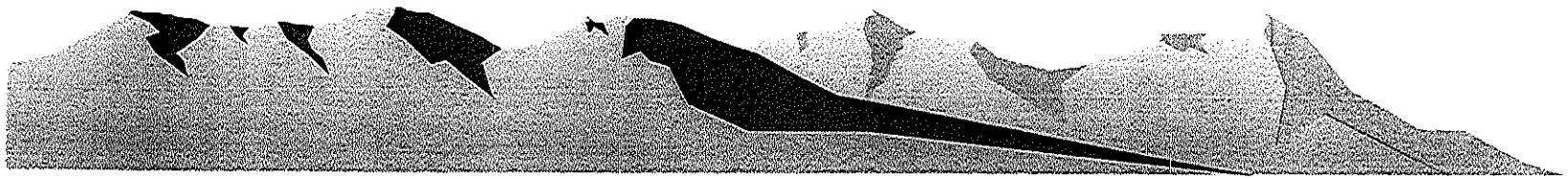
Measurable Achievements or Actions:

Early Mental Health Screening, Assessment, and Referral to Services Are

Common Practice

CSAA 2007

1. Adopt Teen Screen Project
2. Adopt SEARCH Institute criteria for healthy communities
3. Adopt Providence Hospital community mental health screening project

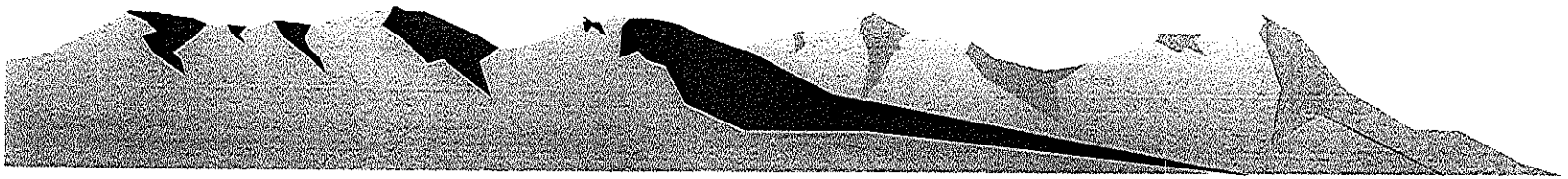


Measurable Achievements or Actions:

Excellent Mental Health Care is Delivered and Research is Accelerated

CSAA 2007

1. Outcomes for providers are developed and measure
2. CSAA become ASO's
3. CSAA hire an Executive Director

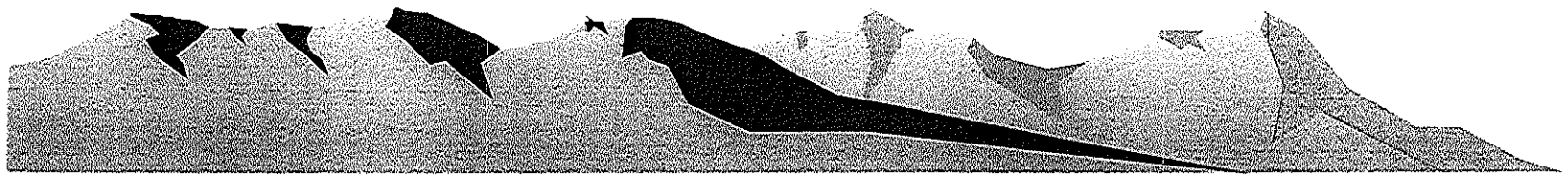


Measurable Achievements or Actions:

Technology is Used to Access Mental health Care and Information

CSAA 2007

1. Telemedicine becomes the normative practice in linking high demand services to scarce resources
2. Community LAC's and CSAA have joint annual meeting via MedNet.
3.



Essential Service Needs
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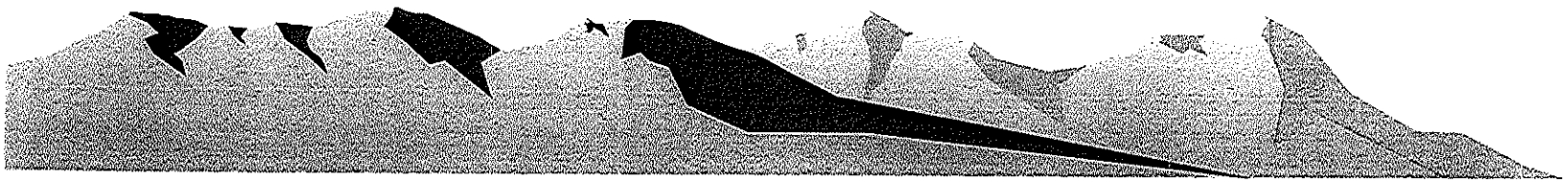
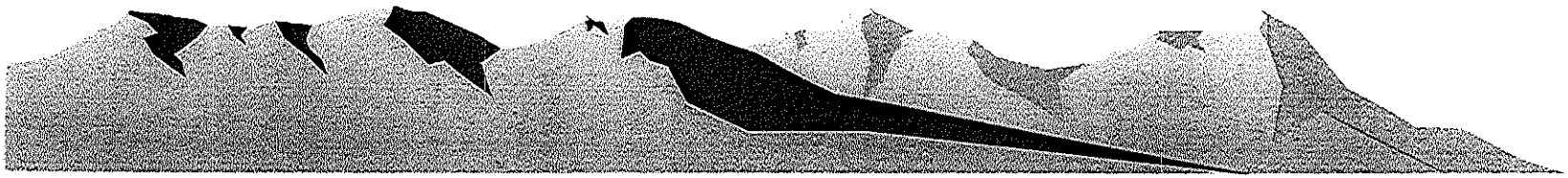
- **Presumptive eligibility:** for 72 hours at local hospitals, crisis services, and Mental Health Centers;
- **Emergency assistance:** statewide 24/7 emergency assistance to local hospitals, including psychiatric consultations by Montana State Hospital (MSH) staff (or mental health centers/private providers) and video conferencing for consultations;
- **Emergency room professional assistance and training program**;
- **Automatic enrollment in mental health system:** for individuals at imminent risk;
- **Discharge medications:** for patients leaving MSH & DOC (i.e., consumers leave the hospital with sufficient medication to last until consultation with a local psychiatrist);
- **Increase in the MHSP poverty level:** from 150% to 200% of poverty level, to match the poverty level for co-occurring disorders coverage;
- **Training for law enforcement personnel:** to work humanely with individuals in a mental health crisis;
- **Peer support services:** such as drop-in centers (e.g., "The Hub" in Billings), NAMI's Peer-to-Peer program, and Montana Mental Health Association's WRAP training;
- **Enhanced services for 90 days:** for all MSH (and community hospital) discharges;
- **Higher reimbursement rates:** to assist in the recruitment and retention of professional mental health staff;



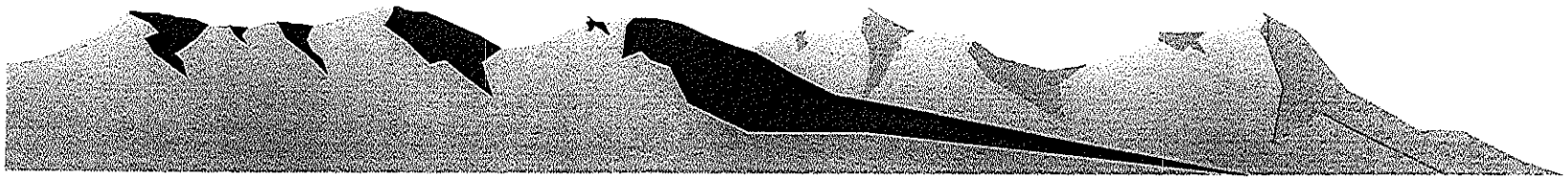
Essential Service Needs
Page #2

- **Jail Diversion** programming to be initiated in both urban and rural areas.
- **Humane transportation:** of consumers with mental illnesses to involuntary services (e.g., MSH, ER's, and MHC crisis services) and to court hearings in a manner that respects dignity;
- **Upgraded crisis bed availability:** including secure beds where needed and architecturally reasonable;
- **Enhanced PACT services:** such as increased flexibility on eligibility, including when youths with mental illnesses transition to the adult mental health system);
- **Special needs wrap-around funding for MSH discharge patients:** e.g., paying rent for a period of time until they can get setup locally;
- **Patient assistance in community settings**;
- **Crisis Help Line:** to provide statewide, centralized, 24/7 assistance and referral;
- **Better access to pre-adjudication evaluations:** in community jails and detention centers, both for forensic purposes (i.e., diversion) and for competency evaluations;
- **Hospital crisis aide reimbursement**;
- **Higher daily reimbursement to community hospitals**;
- **Regional assessment and (inpatient) evaluation centers**; and
- **Transitional services and supports for individuals with mental illness who are released from prison or jail:** in order to access community mental health services.



Obstacles/Threats

- Lack of political focus and will to improve the mental health system
- Lack of organization among people working in and using the public mental health system
- Compassion fatigue and burnout
- Difficulty hiring and retaining competent professional staff
- Difficulty obtaining local, intensive mental health supports and resources
- Criminalization of the mentally ill
- Lack of consumer involvement in quality control of community services
- Lack of realistic perpetual financing for public mental health services in the community
- Over-reliance on Medicaid Funding
- Shrinking Federal Medicaid budget
- Competing priorities
- Stigma and lack of education regarding mental illness
- Potential threats to the survival of the SAA's
- Strength/influence of AMDD



STRATEGY AND IMPLEMENTATION SUMMARY

- Conduct a Market Analysis
- Conduct a Needs Assessment
- Present a Unified Voice
- Collaborate with AMDD/DPHHS
- Participate in the Legislative Process
- Engage in Grant-Writing and Other Fund-Raising
- Promote "Best Practices
- Promote More Consumer Involvement
- Promote Insurance Parity
- Participate in the AMDD RFP Process
- Rate the Mental Health System