



Central Service Area Authority Board Meeting

centralsaamontana.org

June 24, 2022 11:00 am – 1:00 pm
Zoom Meeting

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 BHDD 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 BHDD 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.*

CSAA Minutes

Meeting called to order: The meeting was officially called to order at 11:04 am by Crystal Laufer.

Board Members Present: Crystal Laufer (Hill), Bob Mullen (Jefferson), Melinda Holom (Broadwater), Tom Peluso (Gallatin), Patricia Moritz (Broadwater), Jennifer Whitfield (Cascade County), Greg Tilton (Cascade),

Board Members Absent: Andrea Lower (Gallatin), Shirley Kaufman (Gallatin), Curtis Smeby (Hill), Jennifer Cetrone (Lewis & Clark), Tina Mord (Blaine), Julie Anderson (Park), Jolene Jennings (Lewis & Clark)

Guests: Lori Reynolds (CSAA Administrative Support), Darby Salmond (Teton)

BHDD:	not present
Children's Services:	not present
MH Ombudsman:	not present
Board of Visitors:	Jeremy Hoscheid

Votes: (only 7/8 members needed for a quorum)

Meeting Minutes

CSAA May 2022 Minutes were approved via email and this board meeting.
Gilberta Belgarde's membership application was approved by the board.

Treasurer's Report

May's expenses were \$125. Ending balance was \$59,878.31

Public Comment:

No public comments

Old Business

1. Montana State Hospital (MSH) Update-

Jeremy reported since CMS terminated their provider agreement there has been an interim administrator change. He stated that the department announced that Alvarez and Marcell was awarded the contract for the facilities management and consulting for the state facilities. Since then it's been nose to the grind stone, trying to get things back on track. He said the atmosphere at MSH is lighter, not as much tension in the air. The hospital is still accepting patients, and that hasn't changed at all. They are working towards rectifying the situation that caused the immediate jeopardies, which is still a long road.

Jeremy recommended people visit this website for updates on MSH, and that Alvarez and Marcell will be posting updates on it soon.

MSH Website with updates: <https://dphhs.mt.gov/facilities/msh/>

Website on State-Run Health Care Facilities: <https://dphhs.mt.gov/Facilities/index>

Jeremy shared that the State Hospital is on the Agenda for the Children's Interim Committee meeting that will take place Monday, June 27th. Lori shared the information in case people wanted to testify online or in person.

Tom asked Jeremy if he had any information on Normative Services out of Helena, which had been the main reception point for sending kiddos out of state. Tom got an email saying they had quit business in May. Jeremy shared that they had been shut down for about 18 months due to the facilities being declared unsafe, and possibly some abuse cases, so he thought the department made the decision to discontinue doing business with them. Tom asked who they are using now. Jeremy said there are a variety of providers around the nation, like Acadia is a big one, mostly in Georgia and Texas. He mentioned Summit Behavioral Healthcare is a new one; he wasn't sure if there is a contract there. He recommended we go to DPHHS website to see a list of out-of-state providers that they have contracts with.

Tom brought up the fact that our facilities are not good enough for kiddos to be able to stay in-state, so we're paying much more money to send them out of state. Our provider rates are too low to be able to provide the services in state, so he hopes there has been some changes. Jeremy reminded that he is with the Board of Visitors, not the Department of Public Health, but he's aware that there has been a provider rate study that is being worked on for the past several months. He agreed that is a big issue, we're paying one and half times more to send kids out of state, and yet we're not able to serve them just because we don't have the capacity to provide that level of care. He thinks if there was some kind of increased rate structure to incentivize providers to be able to take on the more difficult situations that would be the best benefit for the kids. He shared about when he was working with kids in group homes and they would be sent across the country and then come back home, that it is very tough on them, so the more we can do to keep kids at home, the higher success they will have with their treatment.

Tom said he had been involved for many years with an adult provider in the state; a business person with the guarantees that are offered by DPHHS are not a good business decision because they can't trust the agreement staying the same. As opposed to the Department of Corrections where there is a guarantee that the provider is going to be able to pay the rent and a skeleton crew regardless of whether there are people in the facility. His understanding is that model has been very successful.

Lori mentioned that she had sent out an invitation from DPHHS to join the meeting about making Administrative Rules changes; they are interested in hearing from primary and secondary consumers and providers in the field. They will be discussing the Medicaid Services Provider Manual, rates, 72-hour presumptive eligibility, crisis diversion grants, etc. Tom shared that the CSAA was one of the first three to recommend change in legislation introducing the 72-hour presumptive eligibility, which has

really served us well. He explained the 72-hour presumptive eligibility is where DPHHS guarantees that the provider will be paid for at least 72 hours of care.

New Business

1. Update on WSAA

Lori shared that the WSAA had their Congress on Wednesday, June 22. They had several current board members attend. They elected officers; Stacey will remain the interim Chair with the requirement to fill the position by October and she is also the Treasurer. Joyce will be the Vice Chair, and Denelle Pappier will remain the Secretary. They approved their bylaws; they hold 21 seats and have 12 LACs. They determined that they have 7 current board members and they needed 4 for a quorum. Jeremy Hoscheid from Board of Visitors shared an update on the State Hospital. Stacey shared that she would like to see the Centers For Mental Health be involved in the changes with MSH. Jeremy suggested they attend the Children's Legislative Committee meeting that was coming up June 27 because MSH was on the Agenda to be discussed. Jeremy mentioned that there may be some Town Halls or Forums in the near future to open up more communication and seek input about MSH. There were LAC updates from the WSAA. Someone who had recently moved to Montana from Washington, said that case management was basically the "bedrock of the system" there and asked if we have case management in Montana. Stacey shared that in Montana case management is now being supported by Peer Support Services. Their next meeting will be July 13th (second Wednesday of the month).

Bob commented on case management and agreed that it is the "bedrock of the system" and it is missing from our plan of management of care now. The Centers do have an ability to do case management in MT under the Certified Community Behavioral Health Clinic (CCBHC) model, which he said is one of the very important things this model has the ability to improve in MT. He stated that we need to continue to remind DPHHS that case management is important to improving the lives of the mentally ill.

Jennifer shared that Centers For Mental Health, WMMHC, and Rimrock are the 3 facilities operating out of the CCBHC model; they're in their second year. It helps move things like case management, which is very vital from a fee-for-service to a perspective payment system. It includes 9 core services that are included with the care model. Care Coordination is another one that is vital to individuals receiving quality care. The primary focus of the CCBHC model is access to care.

Darby asked if it is accessible to rural areas where access to clinics is not a real thing? Jennifer said it does allow for coverage for windshield time to pay for people to get to the ones who need it.

2. CSAA Congress

Crystal and Lori shared the update about Congress.

3. Children's Interim Committee Meeting Update

Lori shared information on how to attend and submit comments.

- a. Legislature Meeting Agenda: https://leg.mt.gov/content/Committees/Interim/2021-2022/Children-Families/Meetings/June2022/june2022-draft-agenda.pdf?utm_medium=email&utm_source=govdelivery
- b. Meeting Materials: https://leg.mt.gov/committees/interim/cfhhs/meeting-info/?utm_medium=email&utm_source=govdelivery

4. Mini Grants

Bob discussed the Mini Grant request for Jefferson County which is to put up a billboard to bring awareness to mental health and suicide prevention. They requested \$2,000 and will use \$4,000 of their own funds. Pat made a motion to accept the Mini Grant as written. A mixed vote counting the 6 people present voted and the other 2 members will vote via email.

Crystal discussed the Havre NAMI Mini Grant request.

Pat said they are reviewing the requirements so they can put together an application. She asked if they could do two Mini Grant applications at a time. It was agreed that it would be able to do two at a time. Greg asked if you could partner with another county's LAC. Tom thought that it would be ok.

Pat said one of the Mini Grants that they were going to working on for Broadwater County was for the NARCAN supplies so they can do the classes. So they are working on applying for it.

Jennifer asked if there is a maximum amount to request? Tom explained that the budget was created by taking an average of how many LACs there are in the region and basically just bring it before the CSAA Board for discussion.

5. Workgroup Updates

Lori shared that we are covering most of what was shared at the Thursday Workgroup during this meeting. Greg shared a "public comment" that we need to stay focused on productivity. He was frustrated that we have not gotten through many Agenda points. Lori explained that we had a "running Agenda" that was inherited from when Matt was running the meetings. She encouraged that if anyone had something to say that is covered on a later point in the Agenda, to please speak up. Tom said he feels we have been very diligent in our work and is proud of the things that we have covered.

6. Reminder about 9-8-8 change over in July

Jennifer shared they are getting the word out and talking with employees about how to utilize it, and distribution is what they are working on.

Updates

BHDD

Not present

Ombudsman

Not present

Board of Visitors

Jeremy shared they were out in Mile City and Eastern MT, heading to Billings to do a regional inspection. Tom asked Jeremy if there was a report on Western. Jeremy said they reviewed their facility in October, and it is on their website.

Children's Mental Health

LAC Updates

Cascade County

Jennifer shared they had a presentation update on a combined project that they are working on, which is a grant to help place a therapist, a care coordinator and a peer supporter part time at their local library. This is coordinating four different community partners and having the LAC be part of an Advisory Board for the Outreach Project. They have had discussions about their Mini Grant options which they are commissioned by their county as an Advisory Council, so they had to get the forms approved, which they did, and they are getting those out to other agencies. They have the Stop the Stigma Campaign that is coming out in September. They have Karl Rosston reserved as part of the Suicide Prevention Month for September. They are working to make sure the right partners know who is out there and who can be of support. They have plans to update their website and Facebook. They have ten subcommittees that they get reports on so all of the LAC members are

hearing about things going on in their county. Homelessness is a big concern right now in Great Falls. There is a church with a tent encampment and its causing a stir in the community.

Broadwater County

Pat shared they have been having trouble getting participation in their LAC. They are in the process of working on a Mini Grant. She said tomorrow they have a Suicide Prevention Ride at Rocky Mountain Supply that the LAC is providing snacks for. They are looking to do another Mental Health First Aid for Youth training.

Gallatin County

Tom shared the Gallatin Behavioral Health Coalitions update, which used to be called the Elevated Behavioral Health. He showed that there is a gaps analysis, strategic plan, it was done professionally. There is a lot of data to look through. He said we have permission to use any of the concepts. One of the topics he said we should engage in is the Gaps Analysis. We are a resource in the community that is valuable, and we should be able to get that information back to the department.

Lori shared that there is a Gaps Analysis Committee in the CSAA that will have their first meeting after July 12th who will be working on creating a survey to send out, hopefully in time to have the report in time for the Congress. So any questions that you would like to see on the survey, please send them to contact.centalsaamontana@gmail.com Tom suggested we all look over the GBHC's work and send Lori any ideas that you can come up with.

Provider Updates

Center For Mental Health

Jennifer announced that the Center for Mental Health is merging with Gateway Community Services, which is an addictions company whose headquarter are in Great Falls. They also serve the Kalispell and Libby areas. Their new name as of July 1st is going to be Many Rivers Whole Health. This reflects the new Certified Community Behavioral Health Clinic (CCBHC) model, which includes physical healthcare, substance abuse, and mental health all woven together. They just recently hired internally who oversees the PACT/MACT programming. They have one MACT program, but it takes time and workforce shortage is everywhere.

Tom asked Jennifer how their rural MACT time is going. She said the team is doing great, only short one member. The PACT/MACT model is for a specific client, and many don't fit the model. So they are looking at having services that will pick up the clients that don't fit those models. it's the bundled rate, but there are specific criteria that has to be met to be in the MACT/PACT team. She said they are slightly over a year in running and are finding great success. The MACT model is an 8-person team. The PACT team runs 18 employees, a tiered model. She explained the tier system and how it works.

Parking Lot

Strategic goals will be addressed at a later date as we get closer to the legislation.

Pat asked about the legislature and how it works in Montana. Bob replied that it meets every other two years. They'll meet in January.

Bob shared that he agreed with the statements that Greg made that we need to be more productive in the meetings and not go over things that could be addressed in Committees.

Pat invited everyone to come to Townsend at the Rocky Mountain Supply to promote Suicide Prevention. There is a 500-mile ride, and they start in Billings.

Meeting was adjourned at 12: 48 PM.

Next Meeting Friday, July 22nd 11:00 am – 1:00 pm

See below for list of acronyms

Table 1. List of Acronyms

988	National Suicide Prevention and Mental Health Hotline
CSAA	Central Service Area Authority
BHDD	Behavioral Health and Disabilities Division
CCBHC	Certified Community Behavioral Health Clinic
CMS	Centers for Medicare and Medicaid Services
DPHHS	Department of Health and Human Services
GBHC	Gallatin Behavioral Health Coalition (formerly Elevated Behavioral Health)
LAC	Local Advisory Council on mental health
MACT	Montana Assertive Community Treatment
MSH	Montana State Hospital
MT	Montana
PACT	Program of Assertive Community Treatment
WMMHC	Western Montana Mental Health Center
WSAA	Western Service Area Authority

Vimeo Link to Meeting Video: <https://vimeo.com/731929114/ce8b070bc9>