



## Central Service Area Authority Board Meeting centralsaamontana.org

**May 26, 2023 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 Gilberta Belgarde, Vice President (Crystal Laufer, President was absent).

**Board Members Present:** Gilberta Belgarde (Chippewa Cree Wellness Center), Bob Mullen (Jefferson), Tom Peluso (Gallatin), Pat Moritz (Broadwater), Jennifer Whitfield (Cascade County), Jolene Jennings (Lewis & Clark), Melinda Holom (Broadwater and Peer Recovery Coach), Greg Tilton (Cascade), Matt Furlong (Lewis & Clark),

**Board Members Absent:** Crystal Laufer (Hill), Curtis Smeby (Hill), Shirley Kaufman (Gallatin), Tina Mord (Blaine), Julie Anderson (Park)

**Staff:** Lori Reynolds (CSAA Administrative Support)

**Guests:** Darby Salmond (Teton), Brent Morris (ESAA), Theresa Ortega (Lewis & Clark)

<b>BHDD:</b>	Rebecca de Camara, Daniel Laughlin
<b>Children's Services:</b>	Rebecca de Camara
<b>MH Ombudsman:</b>	not present
<b>Board of Visitors:</b>	not present

### **Votes:**

#### **Meeting Minutes**

The April CSAA Minutes will be sent out via email for approval.

#### **Treasurer's Report**

The beginning balance in May was \$38,601.41. We received a deposit from the state for \$187,500 in May, based on a 20-month fiscal period from October 2022 through June 2024 (CSAA \$125,000 and WSAA \$62,500). Ending balance as of May 26, 2023, was \$230,045.89. Bob made a motion to accept the report as made and file for audit. Pat seconded the motion. Motion carried.

Contract amount error was discussed.

**Public Comment:**

No public comments

**New Business**

**CSAA Board Meeting time will change to 8:30-10:30 starting in June.**

**(29:47.4) Theresa Ortega shared an update on the Lewis & Clark Mini Grant for Our Place.** She shared about 4 people who they were able to hire through this grant and their remarkable life stories. There was a huge impact on their lives through this opportunity. Discussion was had about the difference needed between those in recovery and those who are not ready for recovery and what services are needed for each group of people. Theresa shared that Good Samaritan applied for funding for ARPA to create a warming shelter in Helena for a Day Connection Program to be able to help those who are not in recovery yet.

**Rocky Boy Health Center-Learning Circles-June**

Gilberta shared about what they are doing in their Learning Circles. They are addressing historical trauma, making regalia for the upcoming annual powwow, including moccasins. They have Evelyn Big Knife who is fluent Cree speaker and an expert in making moccasins, belts, ladies dresses, etc. They have grown in participation a lot since a year ago. The Learning Circles promote culture, which builds resilience; it's a great opportunity for families. The next one will be June 19<sup>th</sup>.

Webinar: HUD-Subsidized Housing for Older Adults with Criminal Records-May 31<sup>st</sup> noon-1:00

**988 Discussion**

An update was given on the data from testing the 988-call system. Rebecca suggested we have John Tabb join our meeting and share about the 988 and the state funding going to support the 988 implementation efforts.

**Ongoing Business**

**BHAC Update** – Greg volunteered to be the CSAA representative at the BHAC meetings.

**SAA Update-** this month CSAA hosted it. ESAA will host it next month.

**Lewistown SAA in-person meeting** is scheduled for September 28-29<sup>th</sup>. In person event with the three SAAs invited. Topics: Youth Resiliency in Mental Health (Hope Squad, Character Strong, Screening Linked to Care, Youth Aware of Mental Health (YAM), PAX Good Behavior Game). BHDD will fund the hotel rooms and meals. Recommending to have at least 1-2 representatives from each LAC.

**WSAA Update-** Mary Windecker and Matt Kuntz spoke at their board meeting on the status of where the legislature was at that time. Kathy Dunks shared that they were doing crisis work in the detention center. Discussion about promoting CCBHC.

Tom shared that the CEO of Western Montana Mental Health Center, (our fiduciary) had resigned his position.

**Workgroup Updates**

**Gaps and Services Committee** was tabled until the next meeting due to many people not able to attend. There was discussion about reaching out to the tribal communities that don't have an LAC. Gilberta shared that she is working on getting on the agenda to speak at the Tribal Council meetings. Greg mentioned the State Health Improvement Program with Anna Bradley that has a lot of data that could be helpful for gaining a baseline on rates of mortality due to fentanyl use, substance abuse in car accidents, and homicides, etc.

**Website Committee-** Jolene provided an update that she had worked with Ang on behalf of the taskforce to update the membership and leadership page along with other website recommendations-which she will need more assistance to implement in future. The committee is going to be operating via email correspondence.

## Updates

### BHDD

Dan Laughlin shared that he has put in for an Aspire grant for supported employment on May 1st, they haven't heard back yet on that. Mid-June there will be an RFP out for 6 more Drop-In Centers, there are currently 8 of them, so this will bring it up to 14 Drop-In Centers across Montana. They have been working with the Copeland Center to provide WRAP services. They did a training in Sydney about 6 weeks ago. They will be doing a training in Helena with the National Guard June 13-15<sup>th</sup> for veterans who have been in active duty. He said they are finalizing the contract with Alluvian for First Episode Psychosis (FEP) based out of Great Falls. He mailed out more of the NAMI books, "You Are Not Alone". He did a site visit at the FEP in Billings, the Drop-In St. Vincent DePaul.

### **Rebecca de Camara**

It was exciting to see that there was a lot of interest in the legislation around behavioral health. House Bill 872 passed, which is the \$300 Million multi-generational behavioral health funding, which will be a process that's guided by a legislative committee. They are in the process of selecting legislators who will be participating in that. The department will also be participating in those meetings, which will likely be public meetings. They may be starting in June, but the first meeting is required to take place before August. That group will be seeking information from all kinds of providers, stakeholders, and advocacy groups, SAAs included. This was Representative Keenan's bill, and he is a big supporter of the SAAs and LACs, and the potential role that they have with the committee. Part of this bill is to find alternatives for some of the state's facilities, particularly the Montana State Hospital, and the Intensive Behavioral Center which used to be in the Montana Developmental Center (MDC) in Boulder. An enormous part of that work is dedicated to the community-based services because it's recognized that you can't have an effective behavioral health system without having the whole continuum, including from children to adults, and developmental and intellectual disabilities because there is so much overlap and in the past, these have all been siloed. So, this is groundbreaking.

They are in the process of implementing the Certified Community Behavioral Health Clinic (CCBHC) grants. The CCBHCs integrate the whole health model with behavioral health and physical health, with a very different model than the fee-for-service model that we currently have had. The grant is a planning grant, so they are working with SAMHSA and CMS to develop a prospective payment system which is the PPPs reimbursement model, as well as the criteria for what will have to be met in order for a facility to be certified as a behavioral clinic. They are working with a consultant, Guidehouse, who was the consultant who completed the Provider Rate Study that led to the very large provider rate increases that we've seen go through this legislative session. They are working on incorporating the children's behavioral health system more closely with the Prevention system. In the past, Children's Behavioral Health system has not had access to Block Grant dollars, which has been limiting both to the Children's Behavioral Health system and what they could do and the flexibility for what they're able to do because they are a primarily Medicaid driven Bureau. So, 99.9% of what they do has to have compliance with Medicaid regulations, which can be very limiting. So, they are trying to pull together BHDD with Children's Behavioral Health Bureau to spend those dollars more efficiently and improve the services that are available to kids across the spectrum.

There is the HEART initiative that was created by Governor Gianforte as a way to fill some of the existing gaps in behavioral health and substance use service systems in Montana. It is a very broad-based effort looking at the entire service continuum from prevention and early intervention all the way through recovery services. A big focus of that work has been on the crisis system. Implementing the Crisis Now Model across the state of Montana, which 988 is an integral part of, has a significant waiver component tied to it. This is a waiver from CMS to allow the state of Montana to do things outside of the normal Medicaid parameters that CMS puts in

place, which is a corrections component allowing them to fund Medicaid services for people who are 30 days prior to leaving the correction system and then 30 days after leaving the correction system.

There is a housing initiative that's tied to the HEART Waiver that's looking at tenancy supports, recognizing that housing is a critical part of any behavioral health continuum. In the state of Montana there is a significant METH problem which leads to impairment and people who have been abusing meth. Contingency Management has been shown to be one of the only clinical programs that's been effective with treating meth abuse, stimulant abuse, cocaine, anything that is in the stimulant category. There is the IMD Exclusion which allows them to provide Medicaid reimbursement for facilities that have more than 16 beds. Previously, you could not receive Medicaid reimbursement for a facility that was that large. By getting this exception, we can now provide Medicaid funding to some of the larger SUD treatment facilities, such as Rimrock which previously had to divide their population into several different settings to not trigger the IMD Exclusion. They are looking into getting approval for that exclusion for behavioral health facilities as well.

Gilberta asked if they had representation from Native Americans in the committee. Rebecca responded that House Bill 701, which legalized recreational marijuana and created the HEART Fund, put aside \$500,000 a year for distribution to tribes, so \$62,500 per tribe per year. She said that it is very important to have tribal participation.

**Ombudsman-  
Board of Visitors-  
LAC's  
Cascade County**

Jennifer said Greg is working on the articles in the Lifestyles Magazine, they were working on their LAC board representation with two new members voted in. They submitted a mini grant request from the CSAA that the Workgroup would be discussing next week.

**Provider's (NAMI, Many Rivers Whole Health, MHA of MT, etc.)**

**Parking Lot**

Meeting was adjourned at 1:16 pm.

**Next Meeting**     Friday, June 23   8:30 – 10:30 am

**See below for list of acronyms**

**Table 1. List of Acronyms**

988	National Suicide Prevention and Mental Health Hotline
BHAC	Behavioral Health Advisory Council
BHDD	Behavioral Health Behavioral Health and Disabilities Division
CCBHC	Certified Community Behavioral Health Clinic
CIT	Crisis Intervention Team
CMS	Centers for Medicare and Medicaid Services
CSAA	Central Service Area Authority
ESAA/MESSA	Eastern Service Area Authority
HEART Fund	Healing and Ending Addiction through Recovery and Treatment

IMD	Institute of Mental Disease
FEP	First Episode Psychosis
IPS	Individual Placement and Support
LAC	Local Advisory Council
LC	Legislative Committee
MACT	Montana Assertive Community Treatment
MH	Mental Health
MHA of MT	Mental Health of America of Montana
MSH	Montana State Hospital
NAMI	National Alliance on Mental Illness
PACT	Program for Assertive Community Treatment
RFP	Request For Proposal
SAA	Service Area Authority
Voc Rehab	Vocational Rehabilitation
WRAP	Wellness Recovery Action Plan
WSAA	Western Service Area Authority

**Vimeo Link to CSAA May 2023 Board Meeting Video:**  
<https://vimeo.com/841069763/167ba52d4f?share=copy>