

CSAA Annual Report for FY 2015-16

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, and 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 (10) LACs within the CSAA that participated in FY 2016. Each LAC appoints a representative to the CSAA Board of Directors. The CSAA was established by State Statute to collaborate with the DPHHS and Local Advisory Councils in the planning, implementation and evaluation of a consumer-driven, recovery-oriented and culturally competent public mental health care system.

Central Service Area Authority Mission Statement

Our mission is to ensure that people living with mental illness (also known as individuals with lived experience), 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.

Activities

Monthly meetings were held in Helena. Congress was held in April of 2016. Each meeting agenda items include: LAC Reports; Provider Reports; AMDD Report; Children's Services Report; Veteran/Military Report; and Peer Network Report. Grants were given to 10 LACs; 3 received \$782.61, 3 received \$1,565.23 and 3 received @2,347.84. Grants were based on required reports received (last year's grant activities and funds utilized and plans for coming year for activities and expenses); BH priorities identified in the community; as well as 'attendance and participation in CSAA activities. Each LAC is responsible to report on activities accomplished with these funds during the coming year. Last year activities are included in the accomplishments below.

A. Grant Funds Outcomes (last year's grants were in the amount of \$1,250.29) :

Blaine:

Suicide Prevention-business card style	\$145.69
Meals for ASIST Suicide Workshop	\$170.00
Total:	\$315.69

Cascade:

- a small amount on printing LAC business cards
- a few refreshments for a celebration or two
- supplies for one of the MH First Aid training

- the hiring of a new webmaster (our major expense)

IN all, we have over \$2,000 remaining from the monies you have given us.
Most of that will go to the website.

We will continue funding:

- MH First Aid trainings
- PSA's for the Suicide Prevention Committee & for the establishment of Crisis Services
- our own modest group expenses
- the Website-- (if the 2016-2017 balance remaining is not sufficient for this next year's costs)
- Community MH Resource Guide

Gallatin:

Gallatin County Commission for Resource Guides \$3,937.12

Glacier: Funds are used primarily for meals at meetings to encourage participation from community stakeholders.

Deposits	Purchases	Memo	Amount	Total
July 1, 2016		CSAA	\$1250.29	\$1250.29
	July LAC	Meeting Meal	(\$90.00)	\$1160.29
	August LAC	Meeting Meal	(\$83.00)	\$1077.29
	September LAC	Meeting Meal	(\$96.00)	\$981.29
	October LAC	Meeting Meal	(\$107.00)	\$874.29
	November LAC	Meeting Meal	(\$96.00)	\$778.29
	December LAC	Meeting Meal	(\$110.00)	\$668.29
	January LAC	Meeting Meal	(\$89.00)	\$579.29
	March LAC	Meeting Meal	(\$103.00)	\$449.29
				\$774.00

Hill:

Suicide Awareness Walk luminaries, travel for speaker; bands, ribbons, posters, T-Shirts,
Poster board, (over 40 attendees) \$1,738.93

Grafix web site domain registration and hosting fees annual \$ 20.57

MSU Northern Invoice 4358 lunch for LAC meeting	\$ 256.00
Havre Trauma Sensitive Schools Initiative	\$2,500.00
National Council for BH MH 1st Aide books	\$ 864.45
MSU N Invoice for food for Bitter Pill	\$ 185.00

TOTAL

\$5,564.95

Jefferson: With this being the council’s first year, we spent time trying to figure out what our role would be in Jefferson County. We had an open house meeting and spent funds on snacks and drinks for the attendants. We assisted with a Fun Run and a public viewing of “Walking Man” in May for Mental Health Awareness Month. We purchased snacks and drinks for these events as well. Our plan in the future is to help facilitate speakers throughout the county.

Park:

Date	Description	Amount
10/25/16	Purchase of Paper Tigers for donation to Livingston Public Library	\$87.00
10/27/16	Mental Health Resource Guide printed and distributed in Livingston Enterprise	\$259.00
3/6/17	Purchase of Resilience for donation to Livingston Public Library	\$107.00
4/13/17	LAC community and state representatives meet & greet event (food, room)	\$250.00
5/4/17	May is Mental Health Awareness Month community wide media campaign (printing of banners, posters, table-tents)	\$452.75
5/15/17	Sponsorship for Mental Health Day at Livingston Farmers Market	\$250.00
	TOTAL	\$1405.75

B. Aside from basic or essential needs, what is missing or what are the gaps in your community?

Blaine County:

- Case Management
- Access to CSAA meetings through technology
- Inactive County Mental Health Board

- Elder Care/Respite
- Home Health Care
- Publicity

Cascade: No reply

Gallatin:

- Business Models for MH services that work
- Crisis response system creative enough to serve all people and to keep them safer
- Review of crisis response system to ensure that all people are being served effectively
- Clear standardized community protocol for responding to and coordinating services for people who are experiencing a psychotic or dissociative mental health crisis and are seemingly not able to care for themselves but are not actively suicidal or homicidal
- Readily available treatment for people who are not in full blown crisis, and enough awareness to make sure the services are used
- Mental illness and the courts/legal system change the revolving door; treatment and outreach options for homeless people with mental illness; psychiatric services

Glacier:

- Gaps in MH and SUD care
 - Residential Treatment
 - Intensive Outpatient Treatment
 - Psychiatry
 - Transitional Housing
 - Crisis Response
 - Group Homes
- Provider Shortages (Currently 2 psychologists, 3 LCPC, 3 case managers and 2 psychiatric rehabilitative aides for a total population of 13,000, to 15,000)

Hill:

- Housing (both availability and affordability)
- Limited mental health providers, lack of specializations
- Inability to pay premiums for HELP, when unable to pay premiums, patients disengage in services
- Lack of public transportation – with cuts in Medicaid transport funding, patients are unable to pay the \$6-9.00 taxi fees for one way travel to appointments
- Lack of inpatient care and foster/group homes in the community
- Lack of foster care – both adult and child
- DD services – lack of community activities, long (5+ year) waiting list for residential placement
- Limitations on Medicaid/Medicare coverage for medications (e.g. a patient must fail on 3 other psychiatric medications before Medicaid will cover certain medications)
- Long waitlist for inpatient care
- Lack of co-occurring inpatient services in MT
- Denial of substance abuse inpatient treatment when clients have “too many physical health issues”

- Lack of crisis response services

Jefferson:

- Jefferson County struggles to have consistent services and resources. Basic medical services can be offered locally, but anything that requires further testing and treatment is referred to facilities in neighboring communities. When people are “in town” for appointments, they find it easier and less expensive to get groceries and other items, taking sales away from local businesses.
- Mental health services for adults and families. Currently, families with mental health needs do not have family support. Another important need is families who currently have insurance and do not qualify for Medicaid. These families are unable to get the full array of mental health services that are available to families that qualify for Medicaid. These families are considered the working poor, they have low paying jobs with minimal health insurance benefits. Schools need to address mental health needs for all students not just those qualifying for Medicaid. The current CSCT program is limited in who it admits based on Medicaid. Again this goes back to the working poor or middle income community members who have insurance, but insurance does not cover mental health.
- Mental health services for young people. Families have to either travel to Helena or Butte.

Park:

- Day treatment/living rooms that provide a safe supportive place to spend time and engage in enriching activities
- Access to a crisis service in a timely manner-psychiatric care and family intervention
- Strategic community based child-centered mental health delivery system that is trauma informed and includes a registry that vets provider credentials with a focus on trauma informed expertise.

C. Identify 3-5 top priorities for addressing local needs and 3-5 priorities to address statewide needs:

Blaine:

Identify 3-5 top priorities for addressing local needs.

1. Full time accessible provider for medication management and therapy
2. Training to reduce stigma and increase awareness
3. School program support for mental health curriculums and trainings
4. Advocate for policies requiring mental health training

Identify 3-5 priorities to address statewide needs.

1. Access to CSAA meeting through technology for remote LACs
2. Funding to support legislative mandates especially with vulnerable populations

Cascade: No report

Glacier:

Identify 3-5 top priorities for addressing local needs.

1. Housing
2. Grief Support
3. Crisis Response

Identify 3-5 priorities to address statewide needs.

1. Housing
2. Crisis Response
3. Continuum of Care/Access to Care

Gallatin:

Identify 3-5 top priorities for addressing local needs.

1. Review of the local crisis system and funding mechanisms
2. Develop a strategic plan for the community mental health system
3. Augment crisis system for people who are above the threshold for public funding
4. Increase awareness of mental illness, the available resources, and the gaps in services

Identify 3-5 priorities to address statewide needs.

1. Review, update, and standardize 211 system statewide
2. Keep insurance for consumers to access mental health services
3. Increase mental health funding
4. Increase mental health screenings for young adults at primary care offices

Hill:

Identify 3-5 top priorities for addressing local needs.

1. Advocate for housing:
 - Work on contracting with hotels for long stays (only 1 hotel currently offers this)
 - Help landlords understand emotional support animal laws
 - Encourage landlords to conduct risk assessments rather than denying all individuals with felonies
2. Transportation
 - Explore expanding Transit
 - Seek funding to assist clients with paying for transportation services
 - E.g. contracting with Taxi company

- Explore delivery services for food bank
3. Crisis Response Team
 - Explore development and training of a CRT in Hill and perhaps surrounding counties
 4. Increase training opportunities for providers to learn Evidence Based Treatments (i.e. treatments that work and are appropriate for trauma – DBT, CBT, etc.)

Identify 3-5 priorities to address statewide needs.

1. Additional inpatient treatment openings
2. Assistance with transitioning to community following inpatient care or incarceration
3. Assistance for payments of premiums to prevent gaps in treatment
4. Funding “bricks and mortar” to increase facilities

Jefferson:

Identify 3-5 priorities to address local needs:

1. Access to all health services
2. More family mental health services that provide wrap around support...school community etc.
3. Suicide Prevention

Identify 3-5 priorities to address statewide needs.

1. Mental Health services
2. Affordable healthcare
3. Budgets
4. Allowing school districts to hire Licensed Social workers as school counselors.

Or petition the state to add Licensed Social workers to school counseling. The majority of rural districts have significant needs when it comes to working with families struggling with mental health issues. More mental health facilities that serve 6th thru 8th grade students. At this time, placement options for students in this age range are limited.

Park:

1. Identify 3-5 top priorities for addressing local needs:
2. Education regarding what different professionals do/licensure requirements for different work
3. Establish a system of robust collaboration with the mental health community; especially those agencies, healthcare providers, school system, therapists and medical practitioners who are serving the most vulnerable children and their families.
4. Focus on creating more transparency of services that are available within the Livingston Community in order to facilitate more awareness and less overlap of services and therefore create more collaboration. Who is doing what and with what authority/expertise to do so?
5. Establish a community based training series (at least 2x per year) to educate consumers on the ethics, their rights and recourse when accessing mental health services.

Identify 3-5 priorities to address statewide needs.

1. Education regarding what different professionals do/licensure requirements for different work
2. Yearly training for mental health practitioners regarding ethics.
3. More oversight of community based mental health centers.
4. Child mental health services.
5. More funding for local services such as mental health centers.
6. Diversion centers and/or group homes for those who do not need the state hospital, but need some closer monitoring.

Cindy Smith, Chair
CSAA