

CENTRAL SERVICE AREA AUTHORITY



Central Service Area Authority Annual Report FY 2013-2014

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 seven Local Advisory Councils (LAC) within the CSAA: Park County; Gallatin County; Lewis and Clark County; Great Falls; Havre-Hill County, Hays – TiNellnKiin and Glacier County-Blackfeet Family Wellness Center. Each LAC appoints a representative to the CSAA Board of Directors. CSAA Directors are elected from the group of appointed representatives. 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.

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.

Objectives of the Central Service Area Authority

The primary objective is to ensure that individual needs and are at the center of the services provided. Service Area Authorities operate on the premise that an effective public mental health delivery system depends on the active participation of individuals with lived experience their families, advocates and from stakeholders. The Central Service Area Authority follows an affirmative action plan in order to ensure 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 is a consumer of mental health services or family member. Ensure that care provided to individuals with mental illness (living with mental illness and co-occurring alcohol and substance use disorders in Central Montana is:

- A. Consumer-Driven, so that consumers' needs and choices significantly influence the services provided, and so that individuals with lived experience have some choice regarding their services are Family-Centered, thereby ensuring that the individual with lived experience and their families assume greater leadership in the public mental health care system, for instance, have a stronger voice in managing funding of services, treatments and support systems.
- B. Consumer and family members use their lived experience to identify gaps.
- C. Clinically Effective and Evidence Based, in order to enhance accountability, ensures a continuum of care and promotes "best practices."
- D. Fiscally Responsible, ensure the most efficient use of resources possible, given the budget constraints for each service region and the state.
- E. Recovery-Oriented, that is, focused on meeting basic needs, enhancing coping skills, facilitating recovery, promoting independence and building resilience.
- F. Locally-Informed, One size does not fit all. Service needs in different catchment areas are not the same. Although many essential service needs may be identical, the distribution of service assets will differ from location to location.
- G. Well-Coordinated, with what is provided in other areas of the State when appropriate.

Items that the CSAA members participated in or funded in Fiscal Year 2014:

- 1. Eight board meetings were held throughout the past fiscal year.
- 2. The Annual Congress had great participation this year with 20 attendees. Discussion was held on the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis sharing ideas in each area, and understanding the source of conflict- facts, methodology, values and goals to set the stage for building a Strategic Plan. Alicia Pichette with the Mental Health Board of Visitors attended and gave a brief presentation during the Annual Congress on the mission and structure behind the Board appointed by the Governor to visit facilities and provide insight and review along with recruitment of new members.
- 3. Presentations were scheduled to educate and share information with Board members during monthly meeting times:
 - a. Bob McCabe and Terry Workman presented on the VA Local Recovery efforts and VA Peer Support.
 - b. A round table discussion was held following the Mental Health Summit organized by Dan Aune with Mental Health America.
 - c. Discussion led by Brian Garrity was held following the Annual NAMI Conference.
 - d. A presentation was given by Luke Berger with the Lewis and Clark County Attorney's Office on Emergency Detention hearings and commitment process.
 - e. Gary Travis, board member did a presentation on the MT Peer Network.
- 4. The CSAA website continues to grow with additional resources. There have been over 108,000 visitors to the site.
- 5. Updates from the following groups are shared at each meeting: Local Advisory Committees, provider updates, children's services, veterans, along with other mental health committees and boards.

Gaps and un-met needs identified during the board meetings:

- 1. Improvement to collaborate and communicate with Addictive and Mental Disorders Division (AMDD)
- 2. Protocol of Discharge from Montana State Hospital
- 3. Mental Health Service Plan (MHSP)

Conclusion:

In FY2015, the CSAA will continue the conversations at every meeting among LAC's, Individuals with Lived Experience, Providers, Family Members, and representatives from AMDD and other stakeholders. Board members will continue to develop committees and discussions to fit on-going needs across the Central Service Area. Work is being done for Townsend-Broadwater County and Blaine County to join the CSAA. Speakers will continue to be scheduled monthly to help educate the Board on various issues. And, most importantly, the CSAA will continue per contract to identify system needs and issues central to the public mental health system and coordinate and partner with the Department in Service Area Authority development and planning activities to address identified needs within the catchment area.

APPENDIX: Community LAC Accomplishments

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Blaine County- Hays -TiNellnKiin Center: As a result of several events, the LAC's have had numerous guests at their LAC's. The week before Lodge, the lodge leader passed, which meant a four day ceremony. There were many challenges to the ceremony as a result of the enormous rain, the flooding and the unsafe quality of the water. The lodge leader had mentored several others, so they stepped forward. Lenore talked about his contribution to her and the community. Lenore described the ceremonies and how they conduct the burial. Indigenous women's gathering included women from Toronto as well as tribes from South America. She shared the different ways the tribes heal and their beliefs around healing take place through various rituals. She talked about her own healing and transformation through healing which made way for a new position. She is now the Health Policy and Research Analyst. The Hays Pow Wow will use their LAC funds to provide alternative healing for their the people at the Pow Wow. They include the veterans because they are the ones who made the largest sacrifice; we provide a ceremony for healing for all. Who is the LAC? It is really the community where everyone comes and shares. Lenore will be submitting a proposal to the Mental Health Trust to acquire grant funds to support an offender reentry program.

Cascade County- Efforts are currently toward reorganizing and revitalizing the LAC to increase involvement. The LAC was working on a commitment to request HB 130 money to train more CIT officers but the County Commissioners felt the match was too high and not a priority with budgets at this time given the lack of communication. The LAC used the CSAA monies for Strategic Planning and invited Becky to come in and facilitate. There are about 15 members in attendance at the meetings. The facilitator helped to develop a plan for increasing community stakeholders participation and issues to work on. The priorities of focus will be; data, crisis; 72 hour, CRT teams, committee to look at what providers and stakeholders want. LAC will not be meeting during the summer. Priorities include Needs Assessment for youth advocacy, a 72 hour crisis response house. Planning for mental health treatment court is underway. More coordination with Child Protective Services is needed. CSAA funds were used for a Strategic Planning Workshop which was 2-four hour sessions facilitated by Beki Brandborg. This included Beki's fee, the venue, and refreshments for the participants. Several community stakeholders were present at the Strategic Planning and we did a SWOT Analysis for the LAC. As a result, we came up with an order of priorities. The priorities we identified were; conducting a Community Needs Assessment regarding mental health, develop a Youth Advocacy Group, develop a 72 hour Crisis Response House, advocate for a Mental Health Court, and collaborate with Child Protective Services. Currently, we are working on the Needs Assessment and have formed an active committee working on a Community Assessment, and they are making progress toward this goal. In the next year there are plans to publicize the LAC, provide refreshments for meetings, cover expenses in order to continue with the Community Assessment until it's completion and start working on our next priority. Ten meetings were held this past fiscal year. There are 15-17 active LAC members. The top three challenges are expanding membership, getting buy-in from community stakeholders and involving more LAC members.

Gallatin County- There is continued work on the Faces Project, a Facebook sharing stories website. They applied for the HB 130 money. Gallatin County works from a spreadsheet monthly that was the originating form for the SAA/MHOAC updates and is reviewed to keep on track with goals. The Drop In Center and funding has been an ongoing topic of discussion. Open Access has been limited to certain days and times. The LAC scheduled a "Parents as Teachers" presentation; the presentation is two and a half hours. The intention of the course is to help educate others as to how to be aware of the issues with early illness, stages and behaviors that may need further intervention or referrals.

MSU hosted an ASIST training (Applied Suicide Intervention Skills Training) as there has been a high suicide rate on campus. The I-Home state representative is attending the LAC; focus will be on priorities. They will continue to use the Bazelon model and guideline for jail diversion such as social detox, mental health and collaboration with detainment and onetime law enforcement follow up so they do not decompensate. The LAC talked about submitting for the Lilly Trust Grant to support jail diversion. Bozeman hosted a Train the Trainer to be CIT facilitators/trainers. The focus of the LAC meetings has been Children's Services and Transitional Youth. One meeting was dedicated to discussion with many players and a huge list of 'wants' or suggestions for needs and change regarding youth. This meeting included MSU, Health Department, Youth Probation, and Law Enforcement along with regular LAC members in attendance.

There has been discussion over trying to figure out the Medicaid waiver and who qualifies. WMMHC is completing strategic plan to help make financial/business decisions. The mental health center received a supported employment grant for the Bozeman area. Bozeman will help Lewis and Clark County to assist with their jail diversion program. Jail diversion was initially funded with grant money and received Dept of Justice money, (\$100,000 for two a half years), in the Bozeman area.

Two different PSA's have been produced - one before the holidays about holiday blues and giving people contact information to help and another to promote our "Faces" project. These each cost \$175.00. We produced a flyer for the Faces project and our annual reproduction of our Resource Guide (~\$100.00). In addition we also committed funding in the amount of \$750 to the Mental Health & Happiness Resource Guide and the Happy Montana website at www.HappyMontana.com. The contribution is a backstop if they are not successful in obtaining a grant. We wanted to insure publication of this important resource guide. The main goal of all of these activities is awareness and reduction of stigmatism. While those are both difficult to measure, we have received a lot of good feedback from the PSAs as well as many stories (14) have been shared on the Faces Facebook page. The Resource Guide continues to be an ongoing, invaluable resource to providers, consumers and others in our community. We expect the Mental Health & Happiness Resource Guide will be as well. We hope to continue to support the newly created programs from this year (Faces Project, stigma reducing PSA's and other similar efforts) as well as the ongoing Resource Guide and new involvement with the MH & Happiness Resource Guide. We also hope to find ways to address our other priorities (see below), though we don't have specific uses for the funds in mind at this time. 10 LAC meeting have been held this Fiscal Year. There are 20 active Gallatin LAC members. The top priority of the LAC is youth services, diligently working to bring more local services to our area, including a Hope House type facility for youth which we hope will reduce the number of our youth in crisis from being relocated to other parts of the state and even outside of the state. These efforts include committees considering: legislative changes, programming, finance, location/site, and outreach. 2) Stigma reduction. 3) Awareness. The top three challenges for the Gallatin LAC are: 1) Funding; 2) Legislation/Rules and/or political climate; 3) Coordination and cooperation of all those involved.

Glacier County- Jane Wilson has been working with Crystal to meet with the County Commissioners to talk about the benefits of developing a LAC in Glacier County. Crystal Evans met with the disaster and recovery coalitions to develop a buy in from other agencies to attend the LAC. They believe that by becoming more organized they can expand their mental health services. Jane talked about the need to organize more involvement in the LAC's from the high line. They are considering trying to develop a "high line" consortium. Crystal talked about progress, new employees on board and having Jane come up when she meets with the Glacier County Commissioners. They had a second site visit on October 15th and passed even with all of the renovations. She talked about creating 1st and 2nd level staffing with training but not necessarily members with BA's or college degrees for case workers and support. Wrap Around training has been problematic, there is a lack of interest and staff not wanting to attend for four days. It would work well, and a better fit culturally. Other organizations do not want to participate because it is not 'client-plan' oriented. In November, Crystal reported that they are still hanging in there-last paycheck was 6 weeks ago. They are trying to resurrect the LAC in her area. She met w/ the County Commissioners to talk about what they can do to initiate representation and participation. The Northern Winds Recovery Mental Health Center licensing underway and LAC under development. Main issues are supervision hours and locating licensed providers. Crystal reported that they are in the new the building. The application for license is in and they are waiting for the endorsements and license to come through. Monies have been used to purchase copies, create material, and distribute to possible LAC members in Glacier County. The LAC is almost completely formed and anticipate having the first LAC meeting in July 2014. CSAA monies again would be used for training, continuing to recruit LAC members, educational materials for the County residents. Two meetings with Glacier County Commissioners and possible LAC members have been held and there are approximately 10-15 members identified. The top priorities are getting established, promoting membership, recruiting local providers and community members. Current challenges are that Glacier County is large, encompasses both the County and the Blackfeet reservation, getting contributing members; and County – Tribal Relations.

Hill County- A letter of intent for HB 130 funds for peer services and jail assessments. They continue to do more outreach. Funding lacks for the uninsured. Lack of prescribers for children, grants for peers is out there, but the sustainability is questionable past the grant. Peers often assist with getting people the help they need. Affordable housing is a significant need. If you don't have a credit history or have been incarcerated you may not have the resources to gain appropriate housing. The cost of renting appropriate housing is going up and is becoming less affordable. No crisis response teams; there is no one working afterhours during crisis's. Getting people to attend the LAC's is difficult; collaboration between the agencies is needed. In January they will join forces with the health care consortiums to prioritize. They are developing their goals and objectives and researching how to get better trained on the mental health first aid. Domestic abuse hotline gets a lot of mental health calls so there are thoughts of partnering to get more people trained on mental health along with new provider and Addiction Counselors. The Havre-Hill County LAC is in the process of developing a website. MTGrafix has estimated the initial cost at \$1,110 to \$1,500 for 5 Page Website Package and is a one-time fee. Domain Registration for Website - Billed Annually, ICANN Fees (This is a mandatory charge for the Internet Association of Names and Numbers) - Billed Annually, and Content Management System Integration - One Time Fee, this enables user to make changes at any time. We have met with a website design company and the committee members are in the process of compiling information to be included on the site such as: the history of the LAC, board members (with pictures and contact information), Partners (with links to their websites), upcoming events, agendas & minutes, and other resources. The LAC is also developing a plan for trainings related to mental health and addictions that may be beneficial to be brought to Hill County with the use of the funds that we currently have. One identified need was to train additional Mental Health First Aid trainers and to utilize the funds to send someone to the National Training. We had 2 people identified and then timing was not right for those people last year. It is our hope that this website will help address a couple of the goals from our strategic plan including: collaborating with populations affected by mental illness, reducing mental health stigma, improving access to mental health care, advocating for individuals with lived experience, and identifying gaps in mental health services.

End of the year CSAA funds will be utilized to assist with the goals identified. Earlier this year, the LAC made a decision to "merge" with the subcommittee addressing mental health awareness for the Hill County Health Consortium. It was decided that there were common goals with this subcommittee and the potential to be connected with a larger group meant increasing the awareness of what we do and a larger committee to work on accomplishing goals. This subcommittee has identified five actions to be accomplished over the next 3 years to include: additional training for community members/agencies to learn to utilize the screening tools for the primary care facilities, to assist with school-based intervention strategies, for train the trainer for Mental Health First Aid or QPR, and for crisis line volunteers. Funds may be used to assist with bringing in speakers or for promotional materials to advertise trainings. From July 2013 to present we have had 10 meetings and 4 additional meetings together with the Hill County Health Consortium during action planning for the county needs assessment. It is difficult to determine the number of active members in our LAC. We have regular participation from individuals from Bullhook Community Health Center, NAMI, Center for Mental Health, Youth Dynamics, and White Sky Hope. Over the last year, we have had attendance from individuals from the County Commissioners office, Northern Montana Hospital, the Domestic Violence Program, MSU-N Student Health Service, Child & Family Services, the County Health Dept, the County Attorney's Office, law enforcement, the detention center, and United Way. We are hopeful to recruit representatives from the school district, private practitioners, Veterans' Administration, organizations that work with children and individuals with lived experience. Average monthly attendance ranges from 5 to 10 people.

The top priorities are:

- Engage community partners in developing a multidisciplinary, multi-organization approach to implement mental health interventions.
 - Seek funding for a Community Health Coordinator to assist community partners in developing the comprehensive mental health system and to develop/manage stakeholder relationships.
 - Utilize evidence based screening tools in primary care settings.
 - Investigate the opportunity to work with the school system to develop appropriate school-based intervention strategies.
 - Utilize/Create communication tools to equip community members to recognize signs of depression and potential for suicide. Include other mental health concerns as identified.
- Challenges include: community involvement, including individuals with lived experience involvement, awareness about what we do and coordinating adult and children's mental health services.

Lewis and Clark County- The LAC is focusing on three primary projects; Drop in Center, Journey Home and Crisis Response Teams. They will be looking at their sustainability to figure out how to keep funding in place. Our Place had a community parking lot sale last Saturday to raise money to support its' cost. NAMI Helena donated \$500 for the over head expenses for the sale. Brian believes they have raised \$1500. The next Our Place advisory meeting will scratch out the process and determine if it was an effective way to make money. It really increased visibility in the community. Brian reported for Lewis and Clark County. A list of priorities were established. They included long term financial stability for crisis services, stable funding for drop in centers. Second priority; adequate reimbursement for crisis stabilization services in communities; crisis stabilizations facilities and CRT community based evaluation teams. AMDD will need to find ways for fully funding these programs. Ongoing stable funding is needed to encourage the state to identify long term strategies to support and enhance community based mental health. To date the program most at risk will be the Drop in enter; there is not a lot of billable services to support this operation. Many people that visit Our Place are not clients at the Center for Mental Health and therefore services are not billable. We are working on staff and volunteers to explain how we are trying to move towards participating for sustainability. Mike stated that there are about 13-20 members at any LAC meeting. Journey Home broke ground and will be run by WMMHC and modeled after Bozeman and Hamilton's facilities. The LAC is looking at overall funding for MH Services. They are trying to understand funding gaps and how the system works. Trying to figure out how to support or educate those decisions makers or legislators. We haven't had meetings monthly for a while. They've talked about going to committee meetings in between. The focus for so long has been crisis and drop in services for adults in the communities. Now they are trying to focus on their sustainability. Brian reported that Cooperative Health Care officer, Melody Reynolds is on the LAC and her county health is putting together a five year health plan. Stakeholders were invited to help identify the needs of the county around health care. In the past few years, the LAC has focused on CRT's, crisis stabilization and other adult services. The LAC is now putting in an effort to include a focus on children services. They've created a couple of new committees; children services committee and mental health services funding. Advocacy is ongoing to expand the mental health training at the Police Academy. Follow up is needed with coordination with behavioral health at St. Peter's Hospital which seems to be morphing into geriatric services. The LAC distributed the funds to the local Drop in Center, Our Place. Our Place until recently has not been a recipient of the DPHHS recovery funds. Our Places' operations have ran on a shoe string and the staff work hard to garner donated monies to enhance the operational support that Lewis and Clark County provides. The two fundraisers provided staff and community members with an opportunity to get to know the Drop in Center as well as what the service offers (groups, linkage, advocacy and support). Both of these fundraisers ended up adding additional monies to the Our Place Foundation. This account is accessed to pay for items that are over and above the normal operation expenses. If the LAC were to receive CSAA end of the year funds again this year we would consider distributing those funds across three services or operations: CRT Journey Home, our new crisis stabilization center and the Drop in Center. All of these programs are underfunded and in need of fiscal support. The Lewis and Clark LAC met 12 times this past year. There are 21 board members and average 18 participants at each meeting. We are proud of the commitment shown to the LAC meetings by both board members and community stakeholders.

Our three top priorities have been continued crisis response team sustainability and support, sustainability and development of the Drop in Center, Our Place, and the development and opening of a crisis stabilization center with secured bed access. Our top 3 challenges are sustainable funding and consistent State support for programming determined to be essential to the community and individuals with lived experience representation on the Board.

Park County- They are focusing on increasing the membership. They have an action plan they are developing to determine priorities and goals. They are trying to get the message out that they are meeting again. There have been a lot of changes in county representatives. Transitional services have become a need for this county. There is good representation of family and consumers. More professionals from other agencies are needed to attend. The service is good in the area, its involvement in the LAC that is struggling. In November, Park County is using the Tool Kit to see how it fits with what they are working on. Rebuilding and strengthening efforts continue. Ongoing collaboration with alcohol and substance abuse services going well. Gallatin and Park County have teamed up to provide CIT training. There are currently 17 members of the LAC and have met six different times this past year. Their current priorities are: continue combined CIT class efforts and more community involvement in the LAC.