2008-2010
Biennial Report of Montana Service Area Authorities:
Central SAA
Eastern SAA
Western SAA

Compiled & Edited by Denelle Pappier, WSAA Secretary
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Introduction

The state's three Service Area Authorities (SAAs) collaborate with the DPHHS' Addictions and Mental Disorders Division (AMDD) on the design, development, and delivery of mental health services in their respective regions. We are fortunate to have the representation of the AMDD Regional Planner Daniel Ladd and several Community Program Officers (CPOs) at our SAA board meetings because this facilitates consistent lines of communication and strong alignment with the goals and objectives between the SAAs, LACs, MHOAC, and AMDD.

State law, in MCA 53-21-1006(5)(c), stipulates that SAA boards shall "submit a biennial review and evaluation of mental health needs and services within the service area." Each LAC appoints one member to participate as a member of the governing structure of the regional SAA that serves their community. The LACs' primary focus is to advise the SAAs on program issues affecting the local community. To fulfill this statutory requirement and provide valuable feedback on "ground level" activities, we have compiled reports from the twenty-eight individual LACs to address the state of mental health services in their communities.

Summary Reports from SAAs

Central Service Area Authority –

For the past two years, the CSAA has tried some new ways of meeting. The CSAA utilized tele-meetings this past year. We will do so again this year during our winter months given the long distance to Helena for some CSAA members. We are working out various glitches in communication, but CSAA has found this to be an outstanding way to save dollars in a time of recession. Last year, we were so fortunate to have a VISTA Volunteer who was awesome with organization. She kept us extremely organized. This year, AMDD has filled that role most efficiently.

Last year, Anita Roessmann, was instrumental in organizing a housing and medical provider forum for the CSAA where speakers were invited in to share on given topics. These sessions were meant to serve as our preparation for the upcoming legislative session. This year, through the efforts and leadership of our Vice Chair, she has conducted an on-line survey and CSAA members identified priorities to set for the upcoming year. These priorities are being finalized. Committees have been established and one hour during our meetings, CSAA members spend time in these committees working with their given interests.

In addition to these monthly meetings, Mr. Dan Ladd conducts a teleconference with each of the SAA Chairs to share any upcoming deadlines, information from AMDD.

Respectfully,
Lenore A. Stiffarm
CSAA Chairperson

Eastern Service Area Authority –

The Eastern Service Area Authority, encompassing 28 counties in eastern Montana, is a challenging landscape for mental health services. The communities in eastern Montana have gaps: client/consumer transportation and consistency in retaining qualified mental health staff to deliver the services of mental health in a frontier quadrant of Montana.

Ongoing development of teleconference technology along with psychiatric support will be critical for the ESAA in the immediate future. Graduation of the advance practice nursing students at Montana State Bozeman in 2011 will assist in the shortage, but only address a minimal request for professional provider services in remote eastern Montana.

Transportation to mental health appointments is a salient need for eastern Montana, and vendor contracts that offer financial incentives will need to be devised to address these needs.

Bill Hodges
ESAA Chairperson

Western Service Area Authority –

We have been fortunate to have a strong, dedicated board of directors working cohesively on identified issues. Attendance has consistently been exceptional, and enthusiasm for participating in committees and other projects is unifying and gratifying.

Besides our major task of studying and recommending on legislative policy, we have undertaken to present information panels on numerous topics that consumers have identified as wanting: Medicaid for Workers with Disabilities program, Suicide Prevention training, Ticket to Work supported employment opportunities, and transitional housing. When we present these informational panels, we invite a wider audience of consumers and providers to hear the presenters and record DVDs of the panels to be able to lend the archived material.

We're grateful for the guidance and friendship of the AMDD staff who have partnered with us to improve mental health services. Their supportive collaboration and advocacy for our contributions empowers us, individually and collectively, to give our best efforts, knowing that we do indeed make a difference.

Sincerely,
Christine Hartzmann
WSAA Chairperson

Reports from Local Area Councils

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NOTES:

A. Combined Counties LACs:
   1. Anaconda ("Tri-County") LAC serves Deer Lodge, Granite, and Powell counties
   2. Lewistown LAC serves Fergus, Judith Basin, Wheatland, & Petroleum counties

B. Pending Formation LACs:
   1. Musselshell and Golden Valley counties are forming a single LAC
   2. Sanders County is working to form a LAC

LAC Reports Overview —

A Local Advisory Council (LAC) provides a forum for local entities and individuals to gain education and information about issues surrounding mental health in general as well as issues more localized to specific areas of the state. It provides a place for people to collaborate regarding resources and innovation of solutions not yet in place.

Each LAC elects a Representative to attend their respective Service Area Authority (SAA) meetings and report on local activity to the SAA Board. This role of liaison also has them returning information to their communities on the state-wide news and activities.

For this report, LAC representatives were requested to submit a brief report on the notable events that their LAC addressed in the past two years. They were asked to consider including both what IS working well in their local mental health system and what is NOT satisfactory. Illustrative stories were especially encouraged; anonymity was optional, but assured. Even as we represent a sub-group of the general population, the wide range of styles and approaches to this assignment serves to prove what a diverse population we truly are!

1. WSAA / Beaverhead County / Dillon

Unfortunately, our LAC has had to go temporarily "inactive" since July 2010 because of health problems of our chairperson, who is also the WSAA representative. He is physically unable to drive any longer, which points up one of the problems of our remote, rural community. We are fortunate to have a good basis for mental health services in Dillon, but for anything more than basics, we are required to go (or be transported!) to Butte or Missoula, or even Salmon, Idaho.

2. ESAA / Big Horn County / Hardin

The Hardin Local Advisory Council has been in existence and servicing needs of the mentally ill for approximately five years. The LAC has been instrumental in advocating for the Hardin Mental Health Clinic with Eastern Service Area Authority funds to acquire current mental health educational videos and written materials. Attendance by mental health consumers has been the most challenging aspect of the LAC. At the six meetings scheduled yearly by the LAC, attendance by mental health consumers has been non existent. Attempts to invite and change meeting times has not influenced a difference in attendance by the mental health consumers in Big Horn County.

The most salient accomplishment in recent years for the LAC has been the full-time acquisition of a mental health therapist for the Hardin satellite clinic. The therapist is partially financed by a yearly contribution from Big Horn County. A waiting list of 30 people has been reduced dramatically by the presence of this full-time mental health professional. The therapist is dually-certified as a licensed addiction counselor and mental health therapist. Crisis services for the mentally ill are referred to the Community Crisis Center in Billings. As of the last report from the Crisis Center about 60 referrals were sent to the Center from Big Horn County in a fiscal year.

The Hardin Mental Health Center is the only provider of outpatient mental health and chemical dependency services (aside from Crow IHS) in Big Horn County. The office has a full time clinician for the past three years, who maintains a full case load. Also offered is a state-approved ACT program, Prime for Life, which runs on a monthly basis. Services are provided to any and all community members, and several financial assistance programs are available based upon income and clinical requirements. The Veteran's Administration also contracts with the Mental Health Center to serve the needs of local veterans. Referrals for services are accepted from other providers, as well as from the clients themselves.

3. CSAA / Blaine County / Chinook/Hays

The Ti Nei Iin Kiin Drop-In Center is located in Hays, Montana. Because there is no word in our language for mental illness, the name, Ti Nei Iin Kiin, means 'To Live Strongly' in the A Ah I Nin language. This drop-in center was funded by AMDD to serve the southern end of the Fort Belknap Indian Reservation. Our reservation is approximately 50 by 70 miles in size. In our community, stigma of mental illness is our greatest challenge. This is the first drop-in center in the world for indigenous peoples in a rural setting. The approach we have taken is to use classes in belt making, beading, aromatherapy bath soaks with Epsom salts utilizing aromatherapy oils that promote peacefulness, tie quilting, canning, harvesting traditional medicines as a vehicle to get information to the community. This is also a way to have community members participate and talk about their issues.

Our challenges include outreach to our community to let everyone know that we are here. A significant challenge is that we only employ one person for four hours each time that our drop-in center is open. We need funds to employ a second person so that there are two people present when the center is open. We feel that this is a safety issue. Because Fort Belknap Reservation is in a rural location, the community comes by to check out what is happening. There is one weekly AA meeting. There has been a request for a women's group. This request is being developed. The drop-in center has had a grief circle that was highly successful. Monthly calendars are developed and distributed as a way of informing the community about center activities. Recovery books have been donated; presently, the center is asking for donations for a book case. The center is in need of pamphlet shelves, computer, printer/fax, supplies for classes, supplies for materials.

4. ESAA / Carbon County / Red Lodge

I have made suggestions for mental health support for people with mental illness considering the fact that the low numbers of people who this affects in small communities has discouraged further planning for solutions. For example, a small "HUB" (like in Billings) would be a great drop-in center, a small Rainbow House would be a great day treatment center, a small PATH (People Assisting on Transition from Homelessness) program would help the homeless and a small PACT (Program for Assertive Community Treatment) would serve the homebound or the ones that need assistance in keeping on their medications. Beyond these examples, solutions could also include group therapy, socialization and case management. Again serving one to five people may not be feasible but these few still need the support that the larger communities can provide. Most of our people don't want to move from their home to obtain services in a larger city.

5. CSAA / Cascade County / Great Falls

The Cascade County Mental Health Local Advisory Council has been involved in promoting the transformation from day treatment to a recovery model with our local Center for Mental Health. The day treatment program is gradually switching over to an educational center focusing on living skills and job training skills.

In 2006 the CCMHLAC was awarded a grant to help develop peer support and provide WRAP workshops in the community. Both of these programs continue to grow. Thirteen people recently completed the WRAP facilitator training and 5 local people completed the Peer Support Specialist training this summer. WRAP workshops will be offered several times a week at our new, as yet unnamed, Recovery Center.

Despite having no funding from HB130, we are still working on crisis intervention improvements through collaboration with other community providers. We are still focused on improving services through the Voices of Hope program, and creating a data collection system.

The CSAA provided the CCMHLAC with funds to purchase a laptop computer for note taking and record keeping. The remaining funds were used for an open house for the community encouraging further community and consumer involvement. We have also had guest speakers on housing, the new "Medicaid for Workers" benefit, and employment possibilities through vocational rehabilitation. We anticipate further growth in all areas of commitment with continued support from the CSAA and the legislature.

6. ESAA / Daniels County / Scobey

The Daniels Co. LAC developed from the Mental Health Association in Daniels Co. which organized in early 1970's. We continue affiliation with state & national Mental Health America (new name of Mental Health Association).

Community Activities in 2010:

-Sponsored MII (Mental Illness Intervention) training - a 2-day MT Dept. of Justice presentation consisting of first 2 days of CIT (Crisis Intervention Training)..

-Sponsored presentation in Scobey by MT State Suicide Prevention Coordinator, Karl Rosston.

-Presented Question, Persuade, Refer (QPR) suicide risk recognition & intervention trainings in Plentywood 3 times.

-Built & placed pamphlet racks in Plentywood CMHC office, healthcare center, and local funeral home. We keep these stocked with pamphlets on mental health, wellness, recovery, grieving.

-Continue to maintain a 'Care Notes' bulletin board in county courthouse hallway with local resource information and pamphlets on mental health, wellness, recovery, grieving.

-Participated in local health fairs, provided educational material to area health fairs.

-Continue to present & sponsor local presentations such as 'Powerful Tools for Caregivers'; networking with health department, Extension services, others.

-Grant writing: Plentywood CMHC lending library for client education, client emergency support fund, other healthcare related;

-Conducted community surveys on crisis resources in community; made local arrangements & took part in production of VHS on healthcare resources in rural areas & issues in service delivery.

Daniels Co. residents receive mental health services through clinical staff from the Plentywood office of Eastern Montana Mental Health Center. There is also one chemical dependency counselor in private practice in the area and the school has a counseling center available to students. There are minimal local resources available for behavioral health issues. Hospital & law enforcement are key responders, and they figure out how to deal with situations as needs present.

Unique Factors in our area:

-High incidence of co-occurring disorders in area (mental illness & chemical dependency co-existing).

-Tele-medicine resource is available through healthcare center and is used for specialist consults & client education. Of great value to our frontier community and we recommend support & further development of Tele-med technology.

-Recommend raising MHSP eligibility to 200% of federal poverty level (now 150%- Chemical dependency is now 200%) Persons who present with more income than 150% of poverty level must be placed on a waiting list for services; need for counseling services is there and people could benefit from earlier problem intervention but must present in crisis to receive needed help & services.

-Travel distances to clinical office and medication co-pays are issues for low-income clients.

-No access to a local safe room for clients in crisis; liability & staffing issues for hospital.

-Recent reduction in case management hours by MHSP proving catastrophic for many clients

-Caseworker contact is important/vital resource for client support & daily living assistance.

-Our county health department support for community education & program development is firm & continuing.

-Transportation to MSH or other service providers is done by law enforcement or volunteers; would be helpful if this could be a service of the provider in emergencies.

Continued needs: community education outreach on mental illness and healthy life skills is currently done by advocates & volunteers; development of peer-to-peer community resources; reduction of stigma in use of CMHC services and living with mental illness; firmer protocols for crisis resources; continuing networking of available resources.

7. ESAA / Dawson County/ Glendive

Our LAC began meeting almost ten years ago and was formed by agency people who actually wanted to hear what consumers had to say about the services they were receiving and what they were lacking. We've enjoyed notable successes in offering CIT training for Law Enforcement and annual anti-stigma events--with the next year's upcoming event being a seminar for business owners and employers. We also hold an annual meeting to review progress and invite new or non-attending people into partnership.

Successes include our ongoing monthly community education through our anti-stigma campaign, keeping our mental health center locally, and new support groups for parents and families with SED members and ADD/ADHD members. After losing our local psychiatrist-run inpatient unit, we are glad that our hospital has trained a new psychiatrist and reopened that unit and is working toward 72 hour crisis care locally.

Ongoing unresolved issues for us are inconsistent crisis line services and an inaccessible or unavailable spectrum of services for children and adolescents due to too few local providers, great distances to child & adolescent specialists, and full practices not admitting more youth.

Our LAC has recently begun restructuring to be more consumer-led and less agency-dominated – so they may openly say what is on their minds without feeling intimidated. Members' goal is for

membership to be greater than 50% consumers and their preference is that agency representatives form an advisory, action-oriented providers' committee.

8. WSAA / Deer Lodge, Granite & Powell Counties ("Tri-County") / Anaconda

"Four years ago, after moving from Missoula to Philipsburg, Granite County, I found there were no services here for mental health of any kind. No counselors, no home health care, no one who knew how to handle consumers in crisis at Granite County Medical Center ER. I still commute to Missoula for my doctor & mental health services which, fortunately are covered because I qualify for the MHSP program (including medications). I did have a good experience at the crisis house in Missoula, Dakota Place; where they have an appropriate, respectful attitude toward consumers.

"The last two years have seen some improvements. There's actually a real, highly qualified counselor in Philipsburg, which I didn't find any counselor or case worker I could work with in Anaconda, Hall, Deer Lodge or Butte.

"Some of the problems still exist: the gossip network in these small county towns, isolation, lack of education, lots of stigma. But there are also friendly people, peace and quiet, beautiful country, and active churches. My "wish list" is for Home Health Care to be expanded to help those consumers, many seniors, who are housebound.

"Some of our dreams will come true, but not all of them. The LAC in the tri-counties works well with us consumers. To me, there seems to be a disproportionate number of people here with mental health problems. They are generally low-income and tend to stay in their houses without medication or support." – Kathy K.

Other testimonials:

"Thanks to the support of WSAA and others, more consumers are using the Recovery International peer-led support meetings. As a recovered consumer, meeting leader and program trainer, my greatest happiness is to see actual cases of consumers having less intense and frequent symptoms. To see someone who was not speaking or interacting and suffering inside themselves, actually recover and lead more mentally healthy lives in community is my greatest reward. As my responsibilities with helping others increases, I find that my own mental health becomes stronger. I find that my brain is improving even though I am an elder. I am more disciplined and function at higher levels. Through WSAA I have met so many wonderful people and inspiring consumers. Being part of WSAA inspires me to work even more hours to help consumers truly recover." Charlotte Moran – Recovery International group facilitator

"These community groups really help me to maintain a sense of balance with my feelings and emotions. The RI program seems to work automatically for me in favor of my mental health. It keeps me from isolating and having setbacks." Andrea

"I learn how to control my thoughts and impulses. I have something to look forward to, and have the extra support. My doctor wants me to keep going to Recovery class." Mark

"My mental health has stabilized so much more through the repetition and frequency of the phone meetings." Patty

"It gives me principles to live by that work. It is in the now, not in the past or future. I'm part of a group, not a loner anymore."

"I have been a very disturbed man. Several times I've been locked up in prison and hospitals. This pattern would have kept on except that in 2005 I went to Montana State Hospital. After a year there getting stable, I met Dale Miller at the carpenter shop. That work opportunity started calming me down. At the same time I met Charlotte Moran who leads Recovery International peer-led support meetings. I started to do the RI program, and that saved my life. It was due to doing work and saving money in the carpenter shop that made it possible for me to get started in the community once I left the hospital… getting a place to live, transportation, and other things to survive. Without the savings and Recovery International program, it wouldn't have happened. Working with RI helped me to assimilate much faster by the contacts it led me to make. I believe that transitional housing and RI's peer support meetings are extremely important for all newly-released MSH patients to be able to re-assimilate into the community." Kerry Brown

Needs:

- More professionals, case workers, agencies, and LACs become educated about the helpfulness of the Recovery International programs.
- Identify local groups that work with teens to present the Power to Change program from the Abraham Low Self Help Systems organization.
- Transitional housing for clients in recovery.
- People to visit those who are isolated and fearful of going out.
- Hospitals, Clinics, Sheriff's Departments: Hire a professional counselor to be on call to sit with consumers during highly stressful or emergency room situations.

9. WSAA / Flathead County / Kalispell

Highlights:

• New mental health center opened – Sunburst MH Services. Intakes within 2-3 days; prescriber visit within a week
• PACT Team has several very successful discharges
• New APRN with PACT Team resulted in decreased wait list time at WMMHC to see the prescriber
• Legislative Candidate Breakfast was well attended and educated candidates regarding mental health

Negative:

• WMMHC lost the PATH grant
• Rapid Rehousing Program ended (stimulus $)
• The only MHC office is in Kalispell: long distance for outpatient treatment

Gaps:

• Housing assistance
• Geriatric-specific services
• Psychiatric hospital has 44 beds to serve the entire region (including Lake, Lincoln, and Sanders counties)

10. CSAA / Fergus County / Lewistown

Last year our LAC had a number of speakers. I had asked the speakers to talk about what their jobs were and asked what needed to be done. In addition there are several problems of individuals known in the area. I will mention them in no particular order.

1. We have a younger person diagnosed with several problems. She still lives with her mother and is not eligible for any programs with the developmentally-disabled services because she doesn't qualify. She needs to learn some independent living skills and a supervised apartment program would be appropriate. That doesn't exist here.

2. A 50 year old woman is diagnosed with several problems. She is eligible for help through veterans but there isn't a counselor in the area for multiple personalities.

3. It is difficult to get personnel to CIT training. Out in the Winnett area there is only a deputy and if they tried to replace him and if there was a problem in the rural areas, another person might have trouble even finding the house. Rural EMTs could benefit from the training, as they are called first.

4. In the Stanford, MT area there is a year-long waiting list for anyone to see a psychiatrist unless they are critical.

5. It is costly to send a patient to Warm Springs. Counties don't want to do it. The high rate of suicide is a result.

6. We have a young man diagnosed with autism. He can still stay on his mother's insurance but it doesn't cover many mental health services. He sits home with nothing much to do. He needs help to live on his own. We can't find any program for him.

7. Family members cannot cause commitment. That is good and bad. On the bad side we have a story of a family who didn't like a girl's boyfriend so they locked her in her room. She became depressed and was sent to Warm Springs. On the other hand, we have stories of people killing family members because the family was helpless.

8. Charity care is practically bankrupting the services.

9. Police personnel do not like taking a patient to Warm Springs in handcuffs.

10. Spouse abuse is a secret problem in rural areas. We have one person working with SAVES willing to go into some pretty scary situations. Many of her calls are in the middle of the night. She had over 300 cases last year in about four counties.

11. We hear stories of people being sent back to Lewistown from Warm Springs with a prescription and very little plans for follow up. Local clinicians are not always notified.

12. Our hospital does not have people trained to deal with mentally ill persons and they do not have an appropriate room.

13. We have heard stories of police driving around with a drunk person in their car because they can't put them anyplace and they need to get them sobered up enough to take them home.

14. Numerous short term commitments and repeats are a problem.

11. CSAA / Gallatin County / Bozeman

The Gallatin County Mental Health Local Advisory Council was created on July 24, 2001 with the purpose of assisting in a manner it determines to be most productive, in strengthening public mental health services in the local community and to provide input and recommendations to MHOAC, DPHHS and the SAA serving the community. A lot of work has been done since that time to further the resources and services available in our community. A priority table was first created in January 2006 to provide structure to the group's planning and progress. Below is a list of things accomplished since creating our goals and priorities in 2006 as well as those things that are ongoing without significant resolution at this time:

ACCOMPLISHED	IN THE WORKS or ELIMINATED
Drop-In Center	PACT or Mini PACT Team
Transitional Housing	Children's Psychiatric Services increase services, hire provider
Dorothy Eck House (low-income, permanent housing for qualified consumers)	Transportation (local transportation)
Co-Occurring Collaboration	Public Outreach
KMA	KMA (more collaboration)
Prevention/Early Identification Programs	BHIF
Outreach/Rural – Warm Line	Partial Hospital
Crisis Intervention Training	
Peer Support Training – Peer-to-Peer; Family-to-Family, etc.	
Mental Health Campus – Hope House, Dorothy Eck House, Drop-In Center, Administration	
Residential Crisis Facility	
Hope House – Voluntary Crisis Beds, expanded to 8 beds	
Hope House – Emergency Detention Beds; Reduces transports to Warm Springs by Deputies	
LAC Website – Created, updated regularly	
Mental Health Resource Guide – Published annually; distributed to all medical offices, churches, and other applicable agencies and posted on the LAC website.	
Virgil Project	
Mental Health Team that works in the criminal justice system on diversion and as a wrap-around group for those in the criminal justice system with mental illness.	
Detention Center	
Crisis Response Team - Increased involvement in the Detention Center	
Mental Health provider dedicated to the jail for an increased percentage of time.	
Legislative involvement in each session	
Homelessness	
GGHAC (Greater Gallatin Homeless Action Committee) – LAC representation at their meetings on a regular basis.	

Unfortunately Gallatin County did not receive any assistance through the HB 130 grant although we had submitted a timely application. In lieu of not receiving that assistance the LAC in conjunction with the Mental Health Center and Gallatin County have sought out other ways to fulfill the needs detailed in our HB 130 grant application. We have managed to continue with CIT Training and are hoping to receive money through the Eli Lilly Grant to further other efforts.

The opening of our larger residential crisis facility, Hope House, along with an emergency detention side, has decreased transports to the State Hospital. The Drop-In Center has been wildly successful since it opened. The Center provides a multitude of resources daily to consumers including various peer-to-peer support groups, dual recovery anonymous meetings, individual peer counseling, as well as a safe, consumer-friendly environment for all to visit.

12. CSAA / Hill County / Havre

My name is Michael Dahle, member of Havre/Hill County LAC, case manager with the Center for Mental Health, Lutheran pastor, and consumer. I have served on LAC on and off for two years. It was my first involvement in anything related to mental illness advocacy at that time, so at first everything was new and unfamiliar. When I began, our LAC was small, having few members, but in our discussions we aspired to greater things. We helped to bring together our local resources in law enforcement, domestic violence, suicide prevention, and faith-based organizations to discuss the needs of those dealing with mental illness. We have done our best to keep contact with the CSAA and somewhat with the SOC.

We have engaged in grant writing and were able to secure a grant, but our vision outstretched our ability at that time. Our vision was to meet the needs of mentally ill persons in crisis by providing CIT training for police officers on the Hi-Line and to create a peer-to-peer crisis counseling program in Havre. One of our struggles has been with membership turnover and small size. My own involvement waned for several months as my life changed and I became involved in the MSW program at Walla Walla University in Missoula, where I now continue my studies. Nonetheless, in recent months my involvement has resurged and attendance at our LAC meetings has attracted the county attorney, law enforcement, mental health professionals, and several consumers at large, most new to the LAC. We hope to create a greater balance by attracting more consumers.

13. WSAA / Lake County / Polson

We received funding from one source that was used for ASIST (suicide prevention) training for professionals and clients who were interested. Suicide rates are high in Indian country. On-going education and support groups are needed.

Another source provided supplies for our portable drop-in center. We have a place to keep the ping pong table which will allow a fun exercise since many of the psychotropic medications tend to cause people to gain weight. We will also use these funds for craft supplies and engaging in creative areas, which sometimes helps people express themselves. and there is something about people being together working on something fun that builds a natural support system in the community.

We are organizing to make a cultural sensitivity presentation for the mental health professionals in the area.

14. CSAA / Lewis & Clark / Helena

For years, Montana has held the belief that the “Medical Model" was the only way of achieving any success in Montana's mental health system. Medicating people was a way of keeping "patients" out of trouble, allowing the mental hospital to keep "patient to staff ratio" as high as possible. "Recovery," for a very long time, was never identified as a possible option. During this time, the State of Montana relied on managed mental health organizations to handle mental health care in the state. Managed Care failed miserably in our state. The State of Montana went through three (3) individual managed care organizations, each one buying out its predecessor.

Now, years later, the state of Montana has a different method of providing mental health care. And now, like never before, citizens are realizing their mental health rights, responsibilities, and opportunities. The stakes are very high. We must succeed in managing our own mental health care. I believe that responsibility to oneself automatically involves responsibility and involvement of community and society. No one person or entity can survive on this planet without the interaction and healthy interdependence of others. In order to solve society's most critical and systemic problems, all of society must cooperate toward a clearly stated set of goals. I want to participate in advancing the development of peer-run involvement at a local, regional, state and societal level. Peer-run involvement in personal mental health care is an absolute necessity.

The Helena LACMH membership is approximately 136 individuals, with an average of 17 attending our monthly meetings. We have a vital network with many MH peers and stakeholders, some of whom have started a peer-run and -directed Drop-In Center which we have named "Our Place." We

actively recruit and involve as many peers as possible into peer-empowered roles. Also, many of us are active with Montana Peer Network, a statewide peer advocacy group that promises to change the way the "system" looks at "patients" or "clients." Another group that we have introduced to Helena's many mental health stakeholders is the outstanding organization of Compeer, Inc., based in Rochester, New York. Compeer began as an organization in 1972, and, since then as grown into a full-fledged, evidence-based international organization, providing several unique models for non-traditional mental health care.

15. WSAA / Lincoln County / Libby LAC ("LILAC")

Lincoln County is in desperate need of more mental health care. Our hospital is building a new hospital and refuses to put in beds to participate in 72 hour eligibility, a patient is treated poorly and told to go home and relax if they present as mentally ill (this was personally experienced), and medical staff here just don't seem to care.

We are over 100 miles from the nearest mental health facility (Pathways in Kalispell) and our Western Montana Mental Health Center also seems not to care. A close friend of mine was having hallucinations and hearing voices in the middle of the night. When he called the emergency line for help he was told to stay awake until morning and for him to come in then. He called me and I sat up with him until he was in a better place. He never did get in for a visit in the morning. He was told "Dr. Paris was kept up all night by someone and won't be in until later in the day." This is unacceptable. We need help and it needs to start with the medical community!

16. WSAA / Mineral County / Superior

In 2010, we worked on the following topics:

- Montana Mental Health Settlement Trust information promotion
- Hospital Admission Protocols standards for mental health emergencies
- Stigma-busting campaign
- Creation of a Mineral County Provider Directory of mental health providers
- Introduced a proclamation to the Min. Co. Commissions to declare May as Mental Health Awareness Month
- Discussed the goals of the LAC
- Hosted a resources table at the Mineral Community Hospital Health Fair
- Discussed lack of local coverage in Alberton area

Our Local Advisory Council has had a regular attendance of about 10 people, with at least 50% being consumers most of the time. Everybody participates in the discussions and we make sure to empower consumers to participate at their comfort levels. Our Chair and Vice Chair are primary consumers, our treasurer is a non-provider advocate who also sits on the hospital board, and our secretary is an employee of WMMHC. At every meeting we discuss the role of the LAC in the hierarchy of the Montana mental health system and go over activities of the Western Service Area Authority.

Currently we are working to encourage community support and participation and to help with stigma-busting. We are staging a contest with Superior Public Schools where students ages 14-17 will compete for a $100.00 prize, donated by WMMHC. The contest is to design a logo for the LAC that will be used on products that are distributed in the community while also connecting with the public through its design.

17. WSAA / Missoula County / Missoula

Missoula has focused on stigma-busting and created posters for an advertising campaign on the city buses; had a political candidates forum with breakfast to focus on mental health issues; and was pleased to have both Winds of Change MHC and Western Montana MHC receive recovery grants from AMDD with the focus being on employment services for clients.

Concerns include affordable housing for persons receiving social security (low income housing), continuing stigma in the general community, and co-occurring services to help clients with drug and alcohol issues.

One consumer reported on recent negative experiences at MSH and Evergreen Assisted Living in Missoula. While at MSH in spring 2010, she was prescribed Zyprexa for anti-depression; this, despite the recent lawsuit against Eli Lilly for off-label prescribing of the antipsychotic. At the step-down housing in Missoula, she felt disrespected and "dehumanized." On a positive note, she mentioned that River House (WMMHC) has added an arts building that has increased people's interest in projects while building

motivation and self-esteem. She also reported on a personal note that trying medical marijuana tincture has helped her more than anything else in years to get a good night's sleep, feel like she's not suicidal, and manager her pain better than pharmaceuticals

Another consumer contributed this report:

"My experience with Missoula mental health services has been overall extremely positive. I've lived with mental illness for 24 years; with most improvement in the nine years I've lived in Missoula. I've noticed that the more proactive the consumers are, the more exact their services are to help them specifically. As good as services can be, there needs to be improvement in communication of providers and consumers. Also, innovative services and providers who "think outside the box." We need transitional housing, so when a consumer leaves a "safe house," they get a supportive, safe place to learn life skills and practice new techniques with counselors guiding them to being able to live independently in society.

"We could really use a hotline staffed with peers, so consumers of all ages can call to talk with others who've have similar experiences. Also, a multi-generational group (with closed meetings) would give youth an opportunity to speak with older people who have life experience.

"I had a very bad situation happen when I was having a crisis but my psychologist's appointment was almost two months away. I saw a general practitioner who prescribed me with mood stabilizers which kept me functioning. But when I told Dr. Elrod, he "flipped out" and said that he wouldn't treat me anymore. When I couldn't find another prescriber, he relented but made me sign a contract that I would not see anyone else to get prescription psychotropic medications. This doesn't seem ethical, or even legal." - Sheryl K.

18. CSAA / Park County / Livingston

The Park County LAC is a very active group of dedicated mental health providers, consumers and government supporters of mental health in our communities. Every six months, the chairperson changes and a new chairperson has the opportunity to lead. The LAC is very active and is currently producing 5,000 copies of a 36-page tabloid that will be the Park County Mental Health Resource Guide. The guide will provide crisis information and a list of the MH providers in Park County with a brief description about their services. The guide will also have articles about peer support, anger management, recovery, dialectical behavioral therapy, the stigma, etc. In addition it will include some personal recovery stories that folks in the community may relate too.

Mountain House Day Treatment has been very active in the community and highly successful at integrating their clients into society. The Peer Solutions Drop-In Center has excellent attendance and daily support groups. It also promotes art and culture, socialization and community service. The center purchased several bikes this year and peers have been enjoying group outings, both bicycling and camping/hiking, providing great exercise and fun. We've all watched numbers of consumers open up as the result of the feeling of security that is provided.

The Livingston Memorial Hospital is working on plans to build a new hospital with more services available. Southwest Chemical Dependency has had remarkable success, helping clients chose a lifestyle of recovery. Their clients are encouraged to participate in their program as well as the drop-in center and 12-step programs in the community. They report that the legalization of marijuana has caused some issues as it has become relatively easy for addicts to get marijuana medical cards. The Hope House in Bozeman which also serves Park County has been a fantastic addition to crisis intervention. The Yellowstone Boys and Girls Ranch has started a new evidence-based program called Parenting with Love and Limits. It counsels the entire family in 6-8 weeks and has been very successful. NAMI gave a presentation and has decided to have one of their board members join our board.

MHSP funding, which is spread very thin, has caused hardship for many of the providers and consumers in Park County, but folks are rolling with the punches and have shown a lot of resilience.

19. ESAA / Phillips County / Malta

We have been very proud of our group's accomplishments in the past few years. We have regular monthly meetings that are well attended by a core group of people and sporadic visitors that need assistance or have suggestions for us. I know that we are stronger because we have a medical person, a minister, a counseling student, a banker, a clerk, a school rep., a business person, and the sheriff in attendance. Everyone has had a close relationship with a consumer or is dealing with a problem themselves. The needs of our community are paramount, especially with dwindling services due to decreased funds. Emphasizing the positive has helped and we have repeatedly advertised the services that are available and directed people to appropriate places to obtain help. We actually can see progress!

Increased use of services and increased knowledge; decreased stigma... not so much. We still have a long way to go.

The ESAA funds us to host a mental health radio program every week. A Malta native, who is a psychologist, calls in and the LAC members host the show. The public can call in questions. Most of the people have never had the opportunity to get advice from a trained psychologist, let alone for free.

We participate in the monthly ESAA teleconference meetings which has helped us to pool ideas and share problems throughout the eastern part of the state. This has been invaluable. We've also been represented at the congress and the legislative summit. We host a social, musical fund raiser which has been well received by the public.

We are working on a host of problems: Therapeutic, transportation to the state hospital has been the topic of the most concern lately. CIT training has been great, but now we need mentor and support group leader training. We are concerned about our overloaded, wonderful foster parents. Our county has more than it's share of autistic kids and there is no help for those parents. Our young families need more section 8 housing: the wages, school loans, and medical bills don't leave enough left to provide lodging. The list goes on, but progress is being made! — Janice Reichelt

20. ESAA / Powder River County / Broadus

Sometimes I feel like Powder River County is crying in the wilderness. We are a small county - and it is difficult to have our voice heard. We really do have wonderful programs going on in Broadus and Powder River County - but funding for major programs is lacking.

Through the County Extension Office, we have a Youth Issues Group that meets once a month. We are striving to make a positive impact on the youth in our area. "Change the Culture" is a program we have been working on for the last two years with a focus to reduce underage drinking. We have hosted speakers for both young people and adults. We are working with the local businesses so that they are aware of the laws and penalties for underage drinking and selling to minors. Also, our sheriff attended a seminar in California addressing this problem.

The Child Protection Team and the Adult Protection Team try to keep on top of mental health issues in our area. Often those referred to us have mental health problems - or there are others (often parents) in the family who have mental health issues. We have a very caring community and county. We are, however, frustrated at the lack of resources at our disposal - in many areas - but mental health is one of our top priorities.

At our last Youth Issues meeting, much of the discussion centered around the need for a consistent health care provider in our county. We have had several over the past few years - but they stay only a few months and then move on to "greener" pastures. The clients (especially the youth) have difficulty changing caregivers. Just when they begin to trust a person, he or she is gone. It takes many months for them to trust a new person (that is, if they do decide to seek help from a mental health professional again - some of them just give up on the system). The Mental Health Office in Miles City is aware of this problem and has been trying to work with us - but they are also faced with the reality that few health care professionals are attracted to rural areas.

Our area has been known for its high rate of suicide. Several years ago there were four teenage suicides in a short period of time. A high school student committed suicide three years ago and the community pulled together to keep the other students safe and to help them process what had happened in a healthy way. Counselors were brought in from Miles City for this time of crisis - but, as noted, we are in need of resources to help prevent problems and to promote healthy habits and good self-esteem.

We do not have any day treatment or drop-in centers in our community. The bills from the last legislative session do not seem to have made much of an impact on our community.

Our community needs education about mental health issues. Anti-stigma education is a top priority. The need is so great, and the resources are so few. Working with the county commissioners, our local PA, and a technical person at Holy Rosary Hospital, we are hoping to get a grant for a Tele-med site in our community. We could more easily attend the ESAA meetings (instead of driving to Miles City for a video conference site), and there is the added benefit of using Tele-med for mental health support groups, or even possibly individual counseling, especially in bad weather when a mental health professional could not get here.

We have a wonderful community – and we want people at the state level to remember that we are out here!

21. WSAA / Ravalli County / Hamilton ("Bitterroot Valley") LAC

Two years ago, we tried to get funding to bring the Wellness Recovery Action Planning (WRAP) program to Hamilton. We tried to coordinate with the Calm4Us Peer Group (now called Montana Peer Network) to have a training seminar. We were unsuccessful in this endeavor. There were no funds available to us. The cost was formidable at over $5K.

The Riverfront Adult Day Treatment Center has no vehicle in which to transport consumers to special events such as the LAC meetings once a month. There has been no transportation provided to attend the monthly WSAA meetings held in Missoula. Some consumers are still very interested in getting involved yet have no way to travel that far. Carpooling is not a possibility as only one person in our group has a vehicle and Riverfront can no longer afford to give consumers gas vouchers to get into town for treatment from rural areas.. We miss out on many trainings and seminars due to lack of transportation. We have now had a van donated to us. But many people have to stay behind because it only seats a few people. Consumers have to take turns going to events. Many times that van is unavailable because the administration at Riverfront has decided the Group Home needs it more than the people at ADT. It is important that consumers get involved in learning everything they possibly can about recovery. This is not possible without adequate transportation.

Many consumers want to make the transition from complete dependence on out-patient treatment to independence in recovery through peer support with outpatient treatment. I am Jenny Monson, a peer from ADT. I was invited by my LAC to attend a recent Exemplary Leadership training sponsored by the Montana Peer Network, which also offered scholarships. Had those funds not been available to me, I would not have been able to attend. Others would have attended had there been enough funds to do so. I learned such valuable skills as the Recovery Model, self-advocacy, how to serve on boards & committees, using my strengths and how to work for changes from the top of the system to the bottom of it. I was so inspired, I arranged with ADT to teach an on-going class on advocacy to my peers. The response has been amazing. It has brought hope, enthusiasm, and a growing sense of community.

Riverfront Counseling Center (WMMHC) has lost numerous therapists, case managers, and CBR's in the past six months. We lost our ADT Program Manager five months ago and have not had a replacement. My peers have been up in arms about these conditions. Many have been dropped from case management for lack of funds. At one time, there were only two case managers with approximately 30 consumers on their case loads each. The CM's don't have the time to return phone calls. So several consumers are going without services. Some are angry, some are depressed, and some were becoming more symptomatic. We are now brainstorming on what things people need and how to get those needs met without case management. We still want the WRAP program to be brought here to enhance our peer support network and our individual paths to recovery.

Many consumers complain there is nothing to do while at ADT and they resent having to be there. These are mostly residents from the Eddie Meuchel House Group Home. It is the policy of the Group Home that consumers attend ADT. It is also the policy that people in crisis attend when they are well enough to do so. The ADT here needs funds to get to outings, arts and crafts supplies for projects, simple things such as office supplies, and computers. We have a broken down copy machine. We have 15-20 people attending on most days and one computer to share. We would like to be able to get to the new Bison Internet Café (a recovery grant funded drop-in center) in downtown Hamilton which serves people with mental illness and offers a weekly group meeting based on Dialectical Behavioral Technique. People are excited about having a place to go to after ADT shuts down at 2 p.m. We need more hours at our ADT to have more classes and activities. Four hours a day does not meet the needs of consumers. Very few activities which would enhance recovery can be utilized in 4 hours a day.

22. ESAA / Richland County / Sidney

Eastern Montana Community Mental Health Center provides 24 hour crisis response to the 17 eastern counties we serve. Critical gaps in services delivery have mushroomed in the eastern part of the state over the past few years with the closing of 3 acute inpatient psychiatric units in Williston, ND, Dickinson,ND, and Glendive, MT. The closing of these units in turn has put more strain on the inpatient units in Billings, MT, Bismarck, ND, and Minot, ND. The proximity of inpatient care for someone in Sidney rose to 180-275 miles away when the units in Williston, Dickinson, and Glendive closed.

The closure of these units was accompanied by the retirement and/or relocation of several psychiatrists with the exception of the psychiatrist in Glendive who has continued to serve some patients. As of August, 2010 another psychiatrist has started his practice in Glendive, MT and in September 2010 the Glendive Medical Center opened a five bed crisis stabilization unit. These are welcome additions in this part of the state, are greatly appreciated, and are being utilized.

Another significant gap in this rural part of the state is availability of hospital safe rooms and inpatient alternatives for detention in the event of need for involuntary mental health commitment proceedings. Only two hospitals in eastern Montana have a safe room to be used in cases when it's determined that an emergency situation as defined by state law exists. The question of how to keep some one or others safe until a petition can be filed to pursue involuntary mental health commitment is tremendous in this region of the state. Presently, Montana State Hospital at Warm Springs is the only primary inpatient facility available for detention.

Positive changes over the past few years have included the availability of 72 hour eligibility to assist with crisis intervention. At a local level that has assisted in wrapping outpatient services around an individual in crisis which often circumvents the need for inpatient hospitalization. Continued efforts are needed to get more hospitals in this part of the state to participate in this program of crisis stabilization and expand the available continuum of care. Finally, availability of grants through the ESAA has provided local communities a funding source to directly meet needs that exist. The grant requests have varied greatly in terms of what the grant money has been designated for, but all have consistently demonstrated commitment to promote mental health education, awareness, and enhance service delivery.

23. WSAA / Silver Bow County / Butte

Michael Smith, our LAC representative to the WSAA, has provided this brief report from the Lead Employment Specialist at Workers Now.

A good thing that is has been happening in this community continues to be the Workers Now Program of Butte. The management of Workers Now allows peers to take care of multiple health needs and continue to work. An employee of Workers Now states that this job allows for a variety of work experience. His work is very therapeutic to him and is a very important to his recovery as well as very gratifying. He also states that the employer is exceptional to work for.

The Lead Employment Specialist reports that they now utilize the Workers Now food concession trailer four days a week to serve local businesses and schools. They also continue operating a thrift store and perform regular, on-going housecleaning. Other projects have included, painting projects, lawn care, snow removal and participating as a vendor of concessions during in special events, and completing other odd jobs.

Opportunities for growth:

Although there has been a continuous effort to employ at least one additional prescriber for psychiatric services at our mental health center, they have not been able to secure an additional full-time prescriber at this time. They have even hired companies to assist them in the recruitment process. Currently, we have one full-time psychiatrist, working two days a week in the Butte office of WMMHC, but he is not, at this time, taking any new patients. My personal experience has been that this current and only prescriber for the mental health center refuses to attend to my partner's psychiatric needs because he is my prescriber. This leaves our family no other option for my partner's psychiatric care other than to seek services out of town. The Director of the Butte office has recently offered to facilitate working with the Bozeman office to obtain psychiatric services for my partner.

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The LAC in Butte has experienced many changes in the past year. Leadership issues arose and I agreed to lead the council. Attendance has been poor and we seemed to lack a cohesive direction. We have hopes of increasing the attendance by moving the meeting from the library back to the Silver House conference room. – Tom Russell, Chairperson

Sue Neff presented on the SDMI waiver program.
Terri the CLO for the MSH and Butte area presented to the council.
Kathy Dunks, Director of Operations spoke on several occasions regarding the changes in the Adult Day Treatment Program and requested feedback from the LAC. She also presented on changes with Hays

Morris House, physical changes in the Silver House building, and updated news from the WMMHC.
Dennis Cox presented the overview of what the LAC is and how to increase membership.

Good things that happened in our community:
Crisis Intervention Team (CIT) trainings for the officers in the community, consumers report a new understanding and comfort provided by the trained officers.
Job growth at Workers Now, a mobile kitchen unit was purchased & consumers enjoy working in the unit.

Adult Day Treatment at Silver House moving to a Recovery model with a club house atmosphere.
IMR trainers included a Peer Support Specialist from Butte.
WRAP training was provided two times in the last year for consumers.
Extended weekend hours with Peer Support Specialist.

24. ESAA / Stillwater County / Columbus

We have an Advisory Board/LAC meeting every three months. Our Advisory Board/LAC has discussed different issues facing this community. Ellen Gartner, CLO, attends our meetings and always brings information of happenings at the State level and what is available to the communities. We are located 45 miles from Billings and transportation can be an issue so we have discussed how we can let the community know of services offered in this community. We have used the local paper as one resource to inform the public of our services and location.

Ellen informed the Board last year of $300 in grant money available to the Board for the purpose of education and community projects. I organized a presentation by Dana Morgan from Bozeman whose son was killed in an alcohol-related crash. She gave the presentation to the local high school and community. I also contacted the local paper and they ran a front page article about the presentation. It was very well received and had a positive impact on our community.

I also became aware of another pool of money available through the State for community projects. I am the instructor for Stillwater County Prime for Life program for DUI offenders. The program uses a series of advanced CD's and we had only a very outdated television and VCR. We received money to purchase a new TV and DVD player which has been wonderful.

Our Board also has discussed the fact that our law enforcement does not have the capability to hold intoxicated persons until they are ready for transport to another facility and what could be done about that. Of course, it is a money issue to create a holding cell. We have also discussed the issue of the increased difficulty of getting people onto the Mental Health Services Plan and how that is affecting the population of this community but of course that also is all about funding. As proposed, if some can be moved to Medicaid it might free up more space for individuals. The bottom line of course is that if money is made available to communities it brings the possibility of education and services to the outlying areas.

25. ESAA / Sweet Grass County / Big Timber

The Sweet Grass Co. LAC started more than 20 years ago as an advisory board to the County Commissioners to be the liaison between the Commissioners and the public. The mental health board was selected to be the LAC for the county and the addictive disorders board also provides input to the LAC through common members of both boards. Our representation includes law enforcement, churches, schools (high school and grade school), ambulance, business community, courts, consumers (including the AA community), and the medical community to include counselors for both mental health and addictive disorders.

The greatest asset to appear in the last few years is the Community Crisis Center in relatively-nearby Billings. Prior to its creation, mentally ill people in crisis had virtually no place to go. Our son, who is a deputy in our community ended up taking one fellow to Great Falls as all closer institutions were on divert. Now, when they can be safely transported, the Community Crisis Center provides a dependable, qualified facility. This particularly valuable when the person is in mental crisis and is under the influence of drugs or alcohol. Another valuable service of recent origin is CIT training. We now have several deputies and two first responders who have been through the training and it has shown to be extremely valuable. Our wish list would be for a secure place locally to keep a person in crisis until an evaluation could be done either in person or through Tele-medicine. Further, some sort of local case management for those who are stable and just need to be monitored to assure their continued stability. John & Diane Ronneberg

26. CSAA / Teton County / Choteau

Our chairperson had to resign this summer and the LAC has not met since. We are trying to restructure now. When it did meet, it was attended by five people, including 2 consumers, Center 4 Mental Health staff and sometimes the Sheriff and a county commissioner.

The greatest success was getting law enforcement trained in CIT and MII. They had three officers trained in CIT. The Sheriff is a big supporter of CIT training and tries to get an officer to a training

whenever they are offered. As a result of these trainings, there is better communication between mental health professionals (MHP) and law enforcement. They have been able to do some informal crisis intervention having a deputy or the Sheriff and an MHP respond to someone who is in crisis.

27. ESAA / Valley County / Glasgow

January 2008: LAC Chairperson who is also a Community Work Incentives Coordinator (CWIC) did a presentation on Work Incentives Planning and Assistance project.

February 2008: Sherl Shanks came and talked about the work she is doing with Fort Peck Tribal Health and Suicide Prevention.

March 2008: Dennis Alexander of Commonweal Consulting was on speaker phone and presented to become a non-profit.

April 2008: Antonia Klein educated the LAC on the traumatic brain injuries that our military is seeing now and how this differs from the brain injuries one would see after an accident. The military is being made to deal with these solders/veterans who suffer mental illness.

May 2008: LAC Chairperson reported on the meeting with the National Guard, where was discussed the efforts of the National Guard are doing in response to Post Traumatic Stress Disorder of the men coming back from fighting over in Iraq and Afghanistan. Antonia talked about the pilot program of 72 Hour Presumptive Eligibility.

June 2008: LAC Chairperson educated LAC on the Living Well with a Disability Workshop.

October 2008: Hosted educational materials from SAMHSA at table at Health Fair on November 1st.

December 2008: Emailed power point presentation from Karl Rosston on Suicide and the Elderly. Representatives of FMDH and the Mental Health Center received the training for 72 Hour Presumptive Eligibility.

March 2009: Five pastors from the Glasgow community attended the LAC meeting. Mental Health Intervention Training held at the Cottonwood Inn on April 15th and 16th. Discussion occurred on what mental health services are available in Northeast Montana and what the various entities are doing to improve on that. The hospital has room 109, there is much use of Tele-medicine, there are many educational opportunities, the Mental Health Center utilizes advanced practice nurse practitioners with a specialty in psychotropic medicines.

June 2009: LAC hosted Deb Sanchez. Present were professionals from various agencies in the community, consumers, and other interested persons.

January 2010: Janice Reichelt from Malta gave a presentation on the radio program they are doing to educate their community on mental health issues.

April 2010: On April 12, 2010 was the Glasgow Community Suicide Prevention Presentation at First Congregational Church, UCC by Karl Rosston.

May 2010: Jody Ferestad presented on Wellness Recovery Action Planning (WRAP).

September 2010: Shelly Romo reported on the public forum she attended where the National Guard presented on what is being done to help care for our service men and women. They maintain contact with the families of the deployed and educate them on mental health issues, including PTSD they may face upon return home. The service men and women themselves are required to go through counseling prior to deployment, a debriefing upon return home and then check in at 30, 60, and 90 days post-return.

28. ESAA / Yellowstone County / Billings

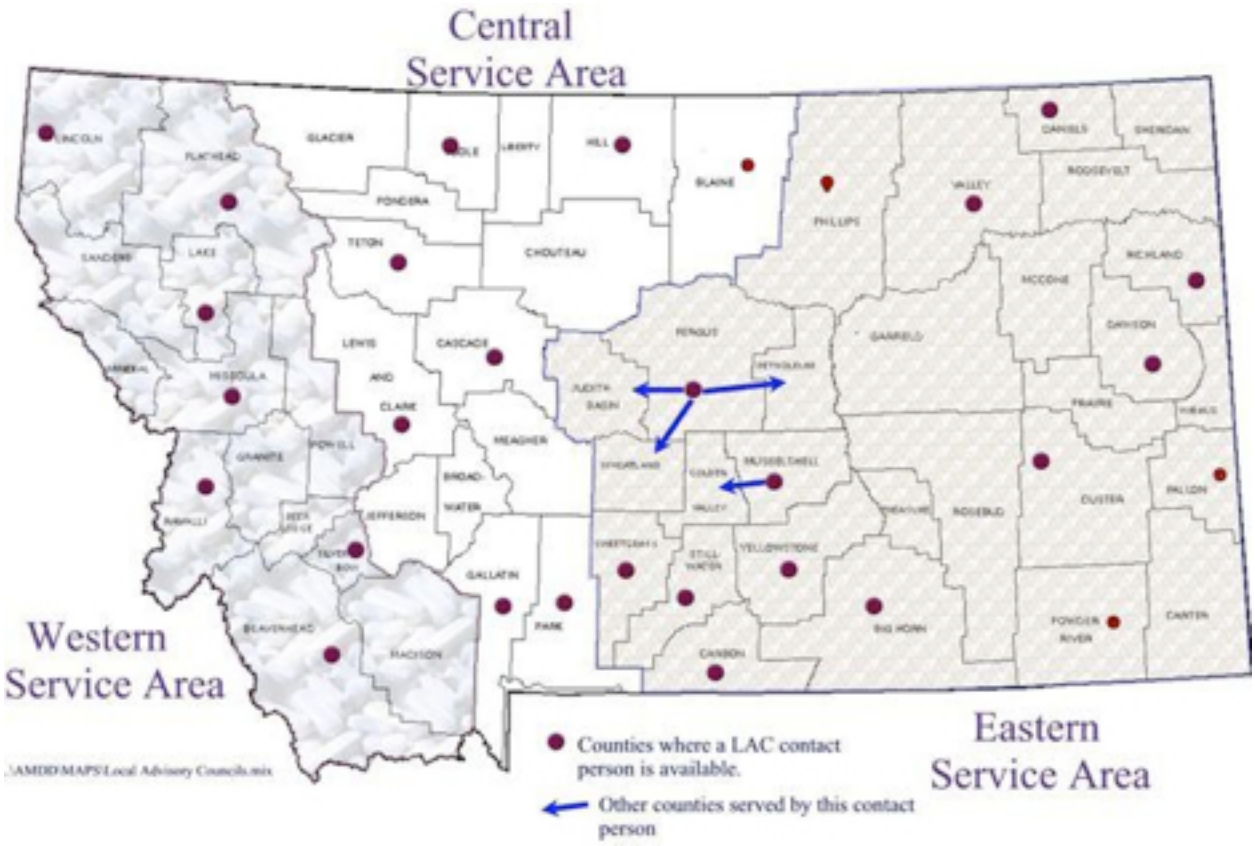
The Billings LAC has gone through some transitions in the last five years with several changes in board leadership. It is the goal of the current chair to get more consumers involved in the LAC and in working on how to assist the consumers of Billings be more active in what was going on in the mental health world. The LAC struggled with getting consumers involved and invested in this process. We decided to change our name to Mental Health Advisory Board (MHAB) as there was some confusion about what LAC meant. Most consumers thought it referred to Licensed Addiction Counselors (also referred to as LAC) rather than the Local Advisory Council. Much work was done by only a few people to get the word out about the MHAB and to gain interest and involvement by going directly out into the

facilities where people with mental illness could be easily accessed, i.e. the Hub and the Mental Health Center. There was a large mailing to local providers to get their interest in attending the meetings; that has yielded good results. The MHAB helped educate people on the Mental Health Mill Levy that was passed in June 2010 that will financially assist the CCC and the Hub.

Throughout the last year, the MHAB has worked diligently on getting information out about mental health, resources and has been visible at public events. Several events were attended: the Project Homeless Connect, Yellow Ribbon Event, Out of Darkness Walk, Alzheimer's Event, Poverty Walk and the Recovery Walk, and others. At these events, members spread information about mental health issues as well as giving out information on the MHAB meetings to get more participation from citizens. One member became a WRAP facilitator within the last year and has facilitated two classes. The MHAB has put some anti-stigma PSA's on two local TV channels and have attended speaking engagements with a local Veterans group and gave out resources.

The MHAB was able to establish Co-chairs, a Secretary and Treasurer, which has been a great help in organizing the meetings and putting a clearer focus on what the group wants to accomplish. The current focus of the group is collaboration with other local groups is to do more education for the public, specifically an anti-stigma campaign. We are working on pamphlets and stickers to get out into the community as well as a commercial. We helped the CCC by designing a new brochure and were able to put the MHAB information on the back of the pamphlet. We have ordered stress ball brains with MHAB contact information on it to hand out at upcoming events we will be involved in.

Though there have been some ups and downs in the actual membership of the Billings MHAB, we are working to help this large community. There are a lot of resources here, but the general public seems unaware of them or how to access them and MHAB's goal to help people get where they need to be to have a more productive life. The MHAB has been lucky to have the local Senator involved in the meetings, which shows great investment on getting the community to notice mental health and help those around us who need help.



Service Area Authorities

PURPOSE STATEMENT

The purpose of an SAA is to collaborate with the Department of Public Health and Human Services (DPHHS) to assist in the management of public mental health care. An SAA's primary purpose is to ensure that consumers of public mental health care, their families, and other interested community stakeholders may actively collaborate with the State of Montana in defining, developing, managing, and monitoring the systems of public mental health care. The objective is to ensure that consumers' needs and preferences are at the center of the services provided.

The SAA is a consumer and family driven process based upon two principles:

1) Services and treatments must be consumer and family centered, geared to give individual consumers real and meaningful choices about treatment options and providers- not simply oriented to the requirements of bureaucracies. The SAA process is developed to give consumers and their families a much greater voice in managing the funding for their services, treatments, and supports. This design gives consumers a vested economic interest in using resources wisely to obtain and sustain recovery.

2) Care must focus on increasing individual consumers' ability to successfully cope with life's challenges, on facilitating recovery, meeting basic needs and on building resilience.

Overall, the SAA process will ensure a consumer-centered, recovery oriented mental health system in Montana that provides every individual consumer served in the public mental health system a greater voice in the system that serves them.

For more information on the Service Area Authority in your area contact:

Toll free: 1-888 -866 -0328
Daniel N. Ladd
Regional Planner
Mental Health Bureau
Addictive and Mental Disorders Division, DPHHS
Phone (406) 444-9344 Cell (406) 431-6175

SAA Legislative Priorities for 2011

Working at a recent SAA Summit, representatives of the three SAAs compared and combined their individual legislative priority lists. The list below reflects their consensus. To help the SAAs better understand and further refine these priorities, additional information about funding and related issues appears below each priority. This very basic funding and program information is intended to be the basis for further investigation and discussion by the SAAs.

Joint SAA Legislative Priority #1: Maintain funding for existing programs.

The SAAs want to ensure that the 2011 Legislature does not reduce or eliminate funding for any mental health services programs. All three SAAs made this their top priority. This includes:

1. **Medicaid** pays for mental health services for people with serious and disabling mental illness, as determined by the Social Security Administration, who earn less than the federal poverty level.
2. **Medicaid Home and Community-Based Services (HCBS) Waiver**
3. **Mental Health Services Plan (MHSP),** including the MHSP pharmacy benefit of $425 per month.
4. **Health Insurance Flexibility & Accountability (HIFA) Medicaid Waiver**
5. **The three Crisis Services bills** passed in 2009 Legislature
6. **Plan 189 -** the program to reduce the MSH census by funding community services
7. **72-hour Presumptive Eligibility**
8. **PACT -** the Program of Assertive Community Treatment
9. **Drop-In Centers**
10. **Montana State Hospital**
11. **Montana Mental Health Nursing Care Center**
12. **Suicide prevention**
13. **Service Area Authorities**
14. **AMDD Recovery Grants**
15. **Crisis Intervention Team training**
16. **Department of Corrections -** funding for medications and community mental health services

Joint SAA Legislative Priority #2: Restore funding for mental health services that was cut in 2009 and fully fund programs that were funded at reduced levels.

Community mental health services initiatives created by the 2009 legislative session but not fully funded include the three community crisis bills, especially HB 132, the diversion bill, which received no funding, and the State Hospital transportation bill.

Joint SAA Legislative Priority #3: Fund provider rates at realistic levels.

The budget passed by the 2009 Legislature gives community services providers a 2% rate increase for each year of the biennium, but the increases are funded with one-time money. When this money runs out on June 30, 2011, provider rates will revert to 2008 levels unless the 2011 Legislature takes action to prevent this. Some rates are worse than others. For instance, out-patient services rates have especially lost ground. One hour of psychotherapy is reimbursed at $57, which is far below the actual cost of providing the service, providers say. For consumers, inadequate reimbursement for community mental health services reduces access to services. If providers can't pay staff competitive salary and benefits packages, they lose staff. If a service is a money loser, the provider will provide fewer hours of that service and waiting lists will grow longer.

Joint SAA Legislative Priority #4: Create more drop-in centers.

There are five drop-in centers statewide that currently receive some state funding. Four proposed centers have received Recovery Grants to get started and one has received a grant for expansion.

Joint SAA Legislative Priority #5: Housing

This priority includes a variety of housing development needs: money for land, buildings, and infrastructure; matching funds for community housing projects; seed money for capital projects; funding for transitional housing and staffing; more subsidized housing for section 8 program. Virtually no state dollars support the development and operation of low-income and supported housing programs. All subsidized low-income housing in Montana is funded entirely with federal dollars. Projects for Assistance In Transition from Homelessness (PATH) is funded with $377,000 per year, of which 75% is federal dollars. AMDD awards PATH funds competitively to licensed mental health centers to fund outreach to people with serious mental illness who are homeless or at imminent risk of homelessness. In the last reporting period (2007), 833 people in five communities were provided with PATH-funded services, which presumably helped at least some of them find housing.

Joint SAA Legislative Priority #6: Peer Services

According to AMDD, peer services are included in the MHSP and Medicaid plan of benefits, but they are billed as "community-based psychiatric rehabilitation and support," so there is no way to separately track how much peer service is being provided. In 2007, the Legislature approved creation of five half-time peer positions in AMDD. These peers, known as Community Liaison Officers (CLOs), provide a liaison between the State Hospital and home communities for patients being discharged. PACT teams are required by Administrative Rule to include a peer support specialist. Four out of the 5 PACT teams in Montana currently employ a peer support specialist. Georgia and Phoenix, Arizona, have successfully implemented peer training and certification programs and begun to increase peer services capacity. A potential legislative initiative is to ask for funding for training, testing and supporting peer service providers.

Possible Legislative Priority: Employment

This topic commonly comes up when discussing services to aid in an individual's recovery. Employment is undeniably a critical component in a person's personal recovery from mental illness as a way of attaining independence and establishing oneself as a contributing member of the community. Several supported employment programs exist in the state and are highly effective and successful. If more state funding is available, additional programs are indeed desirable; but not as high of a priority as the earlier listed services.

Revised November 1, 2010

Update on HB130
Crisis Intervention and Jail Diversion
Matching Grant program to counties

Lewis & Clark County (Partners: Broadwater, Meagher, Jefferson)

- $116,414 to support multi county coordination and mental health crisis planning development and implementation for 4 county service area (Lewis & Clark, Meagher, Broadwater, Jefferson) through utilization of behavioral health unit at St. Peter's Hospital in Helena to provide emergency and court ordered detention beds, crisis intervention and stabilization as needed in the target area.
- Status: Department received signed contract from county on April 22, 2010; no invoices received to date.
- $54,406 to provide One time only funding for Installation and utilization of a Vision Net video conferencing system in the behavioral health unit of St. Peter's Hospital in Helena, MT, to complete feasibility study for mental health/co-occurring disorders court to be located in the service area, and to provide CIT Training for 48 staff employed by Lewis & Clark county, 5 staff employed by Jefferson County, 6 staff employed by Broadwater County, and 4 staff employed by Meagher County
- Status: Department received signed contract from county on April 22, 2010; no invoices received to date

Missoula County:

- $158,475 requested to support funding for approximately 2.25 FTE to assist with jail diversion & crisis intervention program to serve Missoula county, to provide training for crisis intervention teams, suicide prevention/intervention for law enforcement and detention center staff, and to provide one time only funding for installation of a padded detention cell within Missoula county detention center.
    - To provide increased mental health response to Missoula County Detention Center and local emergency departments through use of .5 FTE mental health professional
    - To increase case management and discharge planning services in St. Patrick Hospital sub-acute mental health clinic through use of 1.0 FTE LCSW.
    - To assist with discharge planning for inmates with mental illness within Missoula county detention center and to support jail diversion efforts of the Office of Public Defender through the use of .75 FTE LCSW/LCPC.
    - Decrease wait time and expand access to mental health services for offenders under Department of Corrections supervision, served by Partnership Health center through use of .4 FTE MSW.
- Status: Department received signed contract from county on May 3, 2010. Invoice received and paid for $15,456.07.

Ravalli County

- $60,594 to provide funding for Preliminary Architectural Report (PAR), planning and land acquisition (permitting, utilities, road access) to support a community project to plan, design and build a 7-bed secure crisis stabilization facility in Hamilton offering both secure and voluntary beds. The facility is to be owned and operated by Western Montana Mental Health Center upon completion.
- Status: Department received signed contract from county on June 15, 2010
    - Invoice received $63,946 – total allowed amount $60,594 per contract. Payment for 90% (54,534.60 paid) balance remaining to be paid upon receipt of final report.
- $250,000 to match with local community investment for construction of 7-bed secure crisis stabilization facility. Funds will support construction, furnishings and fixtures for facility. (note: land to be donated by hospital)
- Status: Department received signed contract from county on June 15, 2010
    - Invoice received: $225,000 6/29/2010- paid in full

Yellowstone County (Partners include: Big Horn, Carbon, Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Stillwater, Sweet Grass, and Wheatland)

- $294,287 requested to support funding for current operations at Billings Community Crisis Center. Contract deliverables include:
    - Crisis Intervention services through the Billings Community Crisis Center for individuals in partner counties to reduce admissions to MSH by increasing presentations to CCC by 10%.
    - Participate, support and provide treatment services for the Billings Municipal Mental Health Court and Tribal Council's Access to Recovery Program
    - Increase collaboration among community stakeholders in addressing community needs within eleven partner counties
- Status: contracts signed with subcontract in place to Billings Community Crisis Center- January 19, 2010
    - $264,858 in funding released to county January 20, 2010.
    - Final invoice received for balance of contract. Payment is processing ($29,428.70)
    - Final report received
- $41,771.47 requested for One Time only/start up expenses for the Billings Community Crisis Center. Items include:
    - Provide a minimum of one Crisis Intervention Team (CIT) training event
    - Purchase of Medical equipment to include: breathalyzer, pulse oxymeter, thermometer, blood pressure machine, computers for CCC office, commercial grade washing machine, dryer, vacuum cleaner, gently-used van and licensing for van, laptop computer for use by CCC, CIT training events and WRAP training events; Reward and recognition incentives for CCC staff, and purchase of bus passes for clients of the Billings CCC
- Status: contracts signed with subcontract in place to Billings Community Crisis Center – January 19, 2010
    - Final invoice received and payment distributed in full
    - Final report received

CSAA Board Members' Terms & Affiliations *(Revised 10/10/10; current until elections in September 2011)*

	First Name	Last Name	City	Phone	Email	Represents	Term	C	F	P	O	Notes
1	Scott	Malloy	Bozeman	522-7357	smalloy@wmmhc.org	LAC Rep: Bozeman	2011			P		
2	John	Watson	Bozeman	209-2731	jrwatson54@hotmail.com	Member-at-large	2011	C		P		
3	David	Bly	Bozeman	n/a	nofangs@yahoo.com	Member-at-large	2012	C				
4	Mike	Menehan	Helena	n/a	mmenahan@co.lewis-clark.mt.us	Member-at-large	2012				O	County Attorney
5	Joe	Moll	Great Falls	452-4582	joemoll@bresnan.net	LAC Rep: Great Falls	2012	C				
6	Marlene	O'Connell	Great Falls	455-2390	oconmara@benefis.org	Member-at-large	2012			P		
7	Molly	Protheroe	Helena	449-8177	redhat3@bresnan.net	Member-at-large	2012	C				**Treasurer**
8	Jacob	Wagner	Bozeman	581-4957	kehboz@aol.com	(LAC Rep: Bozeman)	2012	C				LAC Voting Alternate
9	BilliJo	Doll	Havre	265-7300	billijodoll@gmail.com	Member-at-large	2013	C		P		
10	Jim	Hajny	Livingston	n/a	jhajny@wmmhc.org	LAC Rep: Livingston	2013	C		P		
11	Robin	Johnson	Great Falls	727-1554	robinj@bresnan.net	Member-at-large	2013	C		P		
12	Jeffrey	Krott	Helena	n/a	jbkrott@hotmail.com	LAC Rep: Helena	2013	C				
13	Mavis	Young Bear	Ft. Belknap	353-2205	mavisyb@hotmail.com	Member-at-large	2013		F	P		
14	James	Gustafson	Great Falls	455-0726	jamesg@center4mh.org	Member-at-large	2014	C		P		
15	Jeanne Marie	Johnson	Great Falls	403-2056	jeannemjw@yahoo.com	Member-at-large	2014				O	
16	Jeanette	Kotecki	Cascade	899-7098	jeanette.kotecki@va.gov	Member-at-large	2014		F			**Secretary**
17	Tom	Peluso	Bozeman	585-8959	tompeluso@msn.com	Member-at-large	2014		F			
18	Alicia	Smith	Bozeman	994-9134	alicia@aliciasmith.com	Member-at-large	2014	C				**Vice Chair**
19	Lenore	Stiffarm	Ft. Belknap	673-3566	lstifarm@itstriangle.com	LAC Rep: Hays	2014	C	F			**Chair**
20	(Open)					LAC Rep: Choteau						
21	(Open)					LAC Rep: Havre						

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Central Service Area Authority LACs

County/Community	Meeting Schedule/Location	Contact Person	Other Contacts
Blaine Co. / Hays	Kills at Night Center, Hays, MT variable bi-weekly	Lenore Stiffarm 673-3566 lstifarm@itstriangle.com	Marla Eveaux and Marlene Werk
Cascade Co. / Great Falls	1st Monday of each month 3-5pm at the Largent Center, C4MH, 915 1st Avenue South	Robin Johnson, robinj@bresnan.net 727-1554, 750-3265	Shawn Matskos, Secretary Collette Clayton, Treasurer Jeanne Johnson, Vice Chair
Gallatin Co. / Bozeman	2nd Monday of the month, 12 - 1 pm at the Gallatin County Courthouse, Main Street Bozeman, MT	Scott Malloy 522-7357 smalloy@wmmhc.org	Jacob Wagner (581-4954; kehboz@aol.com)
Hill Co. / Havre	Last Thursday of the month, 10:30 - noon, Hill County Library	Pam Vesse, 265-9639 pamv@center4mh.org	
Lewis & Clark Co. / Helena	2nd Thursday of each month, 6-7:30pm at Our Place 631 W. Main, Helena, MT 59601	Jeffrey Krott helenalac@bresnan.net	Molly Protheroe, Vice Chair 449-8177
Park Co. / Livingston	1st Monday of the month 3 - 4 pm at the Drop in Center corner of Main and Lewis in Livingston	Tamara Kevwitch tamara@artistsoftheusa.com	Jim Hajny, CSAA Rep. (jhajny@wmmhc.org)
Teton Co. / Choteau	4th Wednesday of the month at Noon - 1 pm, C4MH	Lora Weir, 466-2562 health@3rivers.net	Kathleen Nelson, Secretary (466-3782; knelson@3rivers.net)
Toole Co. / Shelby	Still considering being an LAC but at this time no final decision has been made		

Revised 10/24//2010

ESAA Board Members' Terms & Affiliations *(Revised 10/10/10; current until elections in September 2011)*

	First Name	Last Name	City	Phone	Email	Represents	Term	C	F	P	O	Notes
1	John	Ronneberg	Big Timber	932-5311	jr1959@mtintouch.net	LAC Rep: Big Timber	annual	C	F			
2	Sharon	Hoy	Billings	256-5714	mhadvisoryboard@gmail.com	LAC Rep: Billings	annual					
3	Karalee	Mulkey	Broadus	436-2371	oceanwaves@rangeweb.net	LAC Rep: Broadus	annual				O	Advocate
4	Colleen	Forrester	Glasgow	228-2075	ncils2@nemont.net	LAC Rep: Glasgow	annual					**Secretary**
5	Pete	Bruno	Glendive	939-5591	mcyf@midrivers.com	LAC Rep: Glendive	annual					
6	Bill	Hodges	Hardin	665-8720	bhodges@co.bighorn.mt.us	LAC Rep: Hardin	annual					**Chair**
7	Mary Jean	Golden	Lewistown	538-9462	lewistownpoetry@hotmail.com	LAC Rep: Lewistown	annual	C				
8	Janice	Reichelt	Malta	654-1100	janicer_pchospital@yahoo.com	LAC Rep: Malta	annual					
9	Becky	Mitchell	Red Lodge	n/a	bmitchell@beartoothhospital.com	LAC Rep: Red Lodge	annual					
10	Esther	Kramer	Scobey	487-2881	ekramer@nemontel.net	LAC Rep: Scobey	annual	C			O	MT MHA
11	Marie	Logan	Sidney	433-4635	sidneymhc@gmail.com	LAC Rep: Sidney	annual			P		EMCMHC
12	Bobbie	Becker	Glendive	377-4062	bobbieb@liftt.org	Member-at-large						**Treasurer**
13	Marlene	Brown	Billings	839-8609	miss_marnster@juno.com	Member-at-large		C				
14	Jody	Ferestad	Billings	861-2280	jferestad@aol.com	Member-at-large						W: 259-8801
15	Adam	Gartner	Glendive	989-0440	gartnera@dawsoncountymail.com	Member-at-large						Dawson Co.Commiss.
16	Frank	Lane	Miles City	234-0234	flanemhc@mcn.net	Member-at-large			F	P		EMCMHC
17	Dave	Pierce	Billings	252-5658	dpierce@scmrmhc.org	Member-at-large				P		South Central MMHC
18	Diane	Ronneberg	Big Timber	932-5196		Member-at-large		C	F			
19	Jo	Shipman	Lewistown	538-5584	hjs@midrivers.com	Member-at-large					O	MHOAC Rep.
20	Carl	Seilstad	Lewistown	535-5119	commissioners@co.fergus.mt.us	Member-at-large						Fergus Co. Commiss.
21	Betty	Vail	Miles City	853-7670	rsvp05@midrivers.com	Member-at-large		C	F	P		
22	(Open)					LAC Rep: Columbus	annual					
	Gloria	Weiss	Red Lodge	446-2500	gweiss@scmrmhc.org							LAC Voting Alternate

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Eastern Service Area Authority LACs

County/Community	Meeting Schedule/Location	Contact Person	Other Contacts
Big Horn Co. / Hardin	2nd or 3rd Thursday of each month at noon in The Fountain Restaurant	Bill Hodges 665-8720; 665-8723 bhodges@co.bighorn.mt.us	Lee Ann Hiebert, Secretary lhiebert@scmrmhc.org
Carbon Co. / Red Lodge	Bi-monthly, 2nd or 3rd Tuesdays @ 11:30 a.m. in The Bridge Creek restaurant	Becky Mitchell bmitchell@beartoothhospital.com	Gloria Weiss, 446-2500 gweiss@scmrmhc.org
Custer Co. / Miles City	3rd Thursday of each month @ 4:30 p.m. at DEAP conference room	Betty Vail 234-0505; 853-7670 rsvp05@midrivers.com	Frank Lane, 234-0234 flanemhc@mcn.net
Daniels Co. / Scobey	1st Saturday of each month at Daniels Memorial Health Care Center	Esther Kramer 487-2881 ekramer@nemontel.net	
Dawson Co. / Glendive	2nd Wednesday of each month @ noon Glendive Public Library	Bobbie Becker 377-4062, 1-888-502-9700 bobbieb@liftt.org	Pete Bruno, 939-5591 mcyf@midrivers.com Adam Gartner, 989-0440
Fergus Co. / Lewistown	4th Monday of alternate month @ noon at the MHC	Jo Shipman 538-5584 hjs@midrivers.com	Mary Jean Golden, 538-9462 lewistownpoetry@hotmail.com Carl Seilstad, 535-5119
Philips Co. / Malta		Janice Reichelt 654-1100 x.5161 janicer_pchospital@yahoo.com	
Powder River Co. / Broadus		Karalee Mulkey 436-2371 oceanwaves@rangeweb.net	
Richland Co. / Sidney	3rd Thursday of each month @ 10 a.m. at Community Services building	Marie Logan 433-4635 sidneymhc@gmail.com	
Stillwater Co. / Columbus	Quarterly meetings at the MHC conference room; Pike Ave. (Call to confirm)	Dave Pierce 252-5658 dpierce@scmrmhc.org	Cindy Wittman, 322-4514
Sweet Grass Co. / Big Timber	Bi-monthly, 2nd Tuesday @ noon in the old hospital, 515 Hooper Street	John Ronneberg 932-5311; 932-5196 jr1959@mtintouch.net	Daisy Nyberg, 932-5924 Diane Ronneberg
Valley Co. / Glasgow	3rd Tuesday of each month @ noon at Frances Mahon Deaconess Hospital (FMDH).	Colleen Forrester 228-2075; 228-9472 ncils2@nemontel.net	Pamela Lee, Secretary
Yellowstone Co. / Billings	1st Thursday of each month @ noon at the Community Crisis Center	Jody Ferestad 259-8801; 656-7372 jferestad@aol.com	Sharon Hoy, 256-5714 mhadvisoryboard@gmail.com Marlene Brown, 839-8609

Revised 10/24//2010

WSAA Board Members' Terms & Affiliations *(Revised 10/10/10; current until elections in September 2011)*

	First Name	Last Name	City	Phone	Email	Represents	Term	C	F	P	O	Notes
1	(Howard	Gaines)	Dillon	683-4071	howardgaines@gmail.com	LAC- Beaverhead Co.	Annual	C				(Resigned 7/2010)
2	Rena	Ayres	Kalispell	249-5646	rayres2@mt.gov	LAC- Flathead Co.	Annual		F	P		
3	Royalee	Bishop	Polson	883-3566	royaleebishop@yahoo.com	LAC- Lake Co.	Annual	C		P		
4	Sunny	Terry	Libby	293-5370	l_x_nemesis_x_l@yahoo.com	LAC- Lincoln Co.	Annual	C	F			
5	Tyler	Steinebach	Superior	546-5198	sahnan_hebrew@hotmail.com	LAC- Mineral Co.	Annual	C				**2nd Vice Chair**
6	Brooke	Jaqueth	Missoula	543-2922	n/a	LAC- Missoula Co.	Annual	C				
7	Sara	Brigham	Stevensville	777-3612	moodybpgirl@yahoo.com	LAC- Ravalli Co.	Annual	C				MindspaceMontana.org
8	(Eric	Diamond)	Thompson Fl.		ediamond@wmmhc.org	LAC- Sanders Co.	Annual			P		(Not confirmed)
9	Mike	Smith	Butte	494-1665	msmithbutte@aol.com	LAC- Silver Bow Co.	Annual	C	F			MT Peer Network
10	Charlotte	Moran	Drummond	825-3063	charlottesweb@blackfoot.net	LAC- "Tri-County"	Annual	C		P		Recovery International
11	Monique	Casbeer	Missoula	721-3447	mcasbeer@q.com	Consumer-at-Large	Annual	C				
12	Denise	Whedon	Troy	295-6071	whedon55@yahoo.com	Consumer-at-Large	Annual	C	F			
13	Tom	Camel	Ronan	207-7617	tomcamel@hotmail.com	S-K Tribal Rep.	2011	C			O	also Veterans
14	Michelle	Lewis	Butte	494-1665	shelmarlew@aol.com	Consumer-run Org.	2011	C	F		O	MT Peer Network
15	Stacey	Wheeler	Bonner	721-2038	wocwheeler@qwestoffice.net	Mental Health Clinic	2011	C	F	P		**1st Vice Chair**
16	Brenda	Desmond	Missoula	258-4728	bdesmond@mt.gov	Criminal Justice	2012				O	District Court
17	Chris	Hartzmann	Troy	293-1686	binny2795@yahoo.com		2012	C				**Chair**
18	Paul	Meyer	Missoula	532-8408	pmeyer@wmmhc.org	Mental Health Clinic	2012			P		**Treasurer**; WMMHC
19	Denelle	Pappier	Hamilton	363-1311	dpappier@aol.com	Family of Consumer	2013	C	F			**Secretary**
20	Courtney	Rudbach	Missoula	756-3950	crudbach@krmc.org	Hospitals	2013			P	O	Pathways Tx. Center
21	Geri	Stewart	Missoula	549-9017	geri@fstewartfinancial.com	Consumer Org.	2013	C			O	MHOAC
5a	Richard	Halseth	Superior			LAC- Mineral Co.	Annual	C				LAC Voting Alternate
7a	Jenny	Monson	Hamilton	381-4243	jenny.monson@yahoo.com	LAC- Ravalli Co.	Annual	C	F			LAC Voting Alternate
20a	Patrice	Mudie	Missoula		pmudie@saintpatrick.org	Hospitals	Annual			P		LAC Voting Alternate

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Western Service Area Authority LACs

County/Community	Meeting Schedule/Location	Contact Person	Other Contacts
Beaverhead County Dillon	2nd Friday of each month @ noon at the Co. Court House, 2 South Pacific St., Dillon (Sept. thru May)	Pam Mussard - Co-Chair (406) 683-1119 pmussard@buttechc.com	Jim Sommers - Co-Chair WMMHC: (406) 683-2200 WSAA Rep:
Deer Lodge, Granite, Powell Counties Anaconda "Tri-County" LAC	2nd Thursday of each month @ noon Anaconda Community Service Center; Oak Street, 3rd floor conference room	Charlotte Moran - Rep. (406) 825-3063 charlottesweb@blackfoot.net	Bob Tonkovich - Chair Kerry Brown - Vice Chair 563-7168
Flathead County Kalispell	2nd Wednesday of each month @ 12:30 - 2:00 p.m. at the Summit Building, Kalispell	Rena Ayres - Rep. (406) 249-5646 rayres2@mt.gov	- Chair Perry Johnson - Vice Chair Robert Brierly - Secretary WSAA Rep: Rena Ayres
Lake County Polson & Ronan	4th Wednesday of each month @ 10:30 a.m. to noon; usually at the Social Services building, Main and 7th Sts., Polson	Tom Camel - Chair (406) 207-7617 tomcamel@hotmail.com	- Vice Chair Royalee Bishop - Secty/ Rep. (406) 885-3222 Paddy Trusler - Treasurer
Lincoln County Libby "LILAC"	2nd Tuesday of each month @ 2:00 p.m. at the WMMHC ADTC, 402 Montana Ave., Libby (406) 293-8746	Sunny Terry - Chair/Rep. (406) 293-5580 l_x_nemesis_x_l@yahoo.com	Diana Wilson - Vice Chair Chris Hartzmann - Sec./Treas. WSAA Rep: Sunny Terry
Mineral County Superior	3rd Thursday of each month @ noon at WMMHC/Superior Mental Health Ctr., Superior (Call to confirm loc.)	Tyler Steinebach - Chair/Rep. (406) 546-5198 sahnan_hebrew@hotmail.com	Richard Halseth - Vice Chair Marcia Amour - Secretary Roger Brown - Treasurer WSAA Rep: Tyler Steinebach
Missoula County Missoula	3rd Tuesday of each month @ 2:00 - 4:00 p.m. at River House ADT, 1315 Wyoming St. (off Russell St.), Missoula	Marty Onishuk - Chair (406) 251-2754 monishuk@aol.com	Stacey Wheeler - Secty/Treas. (406) 721-2038 WSAA Rep: Brooke Jaqueth (406) 543-2922
Ravalli County Hamilton (BVLAC - Bitterroot Valley LAC)	3rd Tuesday of each month @ 11 a.m. - 1 p.m.; at The BISON Internet Café, 164 So. 3rd St. (at Main St.), Hamilton	Denelle Pappier - Secty/Treas. (406) 363-1311 dpappier@aol.com	Jenny Monson - Acting Chair (406) 381-4243 WSAA Rep: Sara Brigham
Silver Bow County Butte	4th Monday of each month @ noon at WMMHC/Silver House Group Rm., 106 West Broadway, Butte	Tom Russell - Interim Chair WMMHC: (406) 593-0042 trussell@wmmhc.org (Dennis Cox - 498-7358)	Mike Smith - Secretary - Treasurer WSAA Rep: Mike Smith (406) 494-1665

Revised 10/24//2010

AMDD Field Staff —

Department of Public Health & Human Services
Addictive & Mental Disorders Division / Mental Health Bureau

Regional Planning Officer (RPO):

Daniel N. Ladd

Phone:(406) 444-9344, Cell: (406) 431-6175, Fax: 444-4435

E-mail: dladd@mt.gov

Community Program Officers (CPOs):

Eastern Region #1 Miles City	Antonia Klein	853-4421; 234-1866 aklein@mt.gov
North Central Region #2 Great Falls	Jane Wilson	788-8167; 454-6078 jawilson@mt.gov
South Eastern Region #3 Billings	Ellen Gartner	670-6910; 655-7622 egartner@mt.gov
South Central Region #4 Anaconda	Dennis Cox	498-7358; 563-7054 dkcox@mt.gov
Western Region #5 Kalispell	Mary Jane Fox	471-1074; 257-3094 mfox@mt.gov

Community Liaison Officers (CLOs):

Butte	Terri O'Herron	533-9310	mo'herron@mt.gov
Helena	Sarah Volesky	431-2781	svolesky@mt.gov
Missoula	Vicki Varichak	241-7369	vvarichak@mt.gov
Missoula	Kris Young	241-7226	kryoung@mt.gov

Montana Mental Health Service Matrix

Services Available	Where service is available	Who is eligible	Contacts
Medicaid	Anywhere in state with a participating provider.	SSI/SSDI recipient SDMI for MHC services	Marcia Armstrong 444-2878
MHSP - (Mental Health Services Plan)	Anywhere in state with a participating provider.	Below 150% of Fed poverty level and SDMI	Cindy Jensen 444-3356
72 - Hour Program	Anywhere in state with a participating provider.	Any Adult in crisis who has no insurance.	Cindy Jensen 444-3356
PACT Team	Helena, Missoula, Billings, Great Falls, Kalispell, Butte	Medicaid & MHSP, PACT criteria	Deb Sanchez 444-2706
CRT Team Available (Crisis Response Team)	Kalispell, Missoula, Butte, Bozeman, Helena	Any Adult in crisis who may be suffering from a MI.	WMMHC 532-9700 CMH 443-7151
HCBS Waiver - (Home & Community Based Services Waiver)	Yellowstone Co., Silver Bow Co., Cascade Co.	Medicaid & SDMI	Marcia Armstrong 444-2878
Goal 189 Funds	Anywhere in state with a participating provider.	Anyone exiting MSH	Deb Sanchez 444-2706
PATH - Outreach to Homeless	Kalispell, Great Falls, Bozeman, Butte, Billings	Homeless-Mentally Ill	Marlene Disburg-Ross 655-7660
MH Group Homes Adult Foster Care Day Treatment		Medicaid, Goal 189, MHSP, CBPRS	SCMHC-Billings 252-5658, CMH-Helena 443-7151, WMMHC Missoula 532-9700, AWARE MHC 449-3120 EMMHC Miles City 234-1687, Winds of Change MHC- 721-2038
Crisis facility	Billings, Kalispell, Bozeman, Butte, Missoula, Havre, Helena	Anyone SDMI	Deb Sanchez 444-2706
Drop In Centers	Billings, Miles City, Bozeman, Livingston, Helena, Missoula, Thompson Falls, Superior, Hays, Hamilton	Anyone	Dan Ladd 431-6175
Employment Program	Butte, (2) Missoula, Helena	SDMI	Dan Ladd 431-6175
Network of Care	http://montana.networkofcare.org/mh/home/index.cfm	Information for Everyone	Marcia Armstrong 444-2878
Psychiatric Hospitalization Inpatient and/or outpatient		Any Adult	Benefis Hospital (Great Falls) 455-2380 St. Patrick Hospital (Missoula) 543-7271 Kalispell Regional Medical Center, 756-3950 Pathways Treatment Center (Kalispell), 751-6414 Billings Clinic, (Billings) 800-255-8400, St. Peter Hospital (Helena) 442-2480

Montana Mental Health Service Matrix

Services Available	Where service is available	Who is eligible	Contacts
Co-occurring / Treatment Courts	Missoula, Billings	Anyone charged with a crime	Judge- Brenda Desmond 258-4728 (Missoula) Judge- Mary Jane Knisely 657-8482 (Billings)
HB 130 - Crisis Grants			Deb Matteucci 444-2013 Dan Ladd 431-6175
Mental Health Warm Line	State Wide 1-877-688-3377	Anyone	
Suicide Hot Line	State Wide 1-800-273-8255	Anyone	
Training			
IMR - Illness, Management & Recovery		MH Providers, Peer Specialists	Marcia Armstrong 444-2878
WRAP - Wellness Recovery Action Plan	Billings, Great Falls, Butte	Consumers	Marcia Armstrong 444-2878
DBT - Dialectical Behavior Therapy		MH & CD Clinicians, Case Managers, Peer Specialists	Cindy Jensen 444-3356
Strength-Based CM		Case Managers	Marcia Armstrong 444-2878
SOAR - SSI / SSDI Outreach, Access and Recovery	3 trainings / year	Case Managers	Marlene Disburg-Ross 655-7660
CIT - Crisis Intervention Team	State Wide trainings available	Law enforcement / First responders	Deb Matteucci 444- 2013
Peer to Peer	State Wide trainings available	Anyone	NAMI Montana 443-7871
Recovery International	MSH, Butte, Missoula	Anyone	Charlotte Moran 825-3063
State Run Facilities			
Montana State Hospital	State Wide (Warm Springs)	Any Adult	406-693-7000
Montana Chemical Dependancy Center	State Wide (Butte)	Any Adult	406-496-5400
Montana Mental Health Nursing Care Center	State Wide (Lewistown)	Any Adult	406-538-7451

Prevalence of Persons with Serious Mental Illness in Montana by Region —

This section presents the estimates of the number of individuals in the population with serious mental illness (SMI). Information in this section is taken directly from the report "Prevalence Estimates of Serious Mental Illness in Montana" that was done by Scott Adams of the WICHE Mental Health Program in collaboration with Charles Holzer, PhD, University of Texas Medical Branch (January, 2006).

Regional Data for Montana

Data for each of Montana's three regions (Western, Central, and Eastern) are presented in Tables 5 to 13 below. *[Note: Tables retain the numeration from the original report.]* Unlike the previous tables, these include only data for the populations below 200% and 150% poverty. The tables also show the difference between these two populations for each county and the region as a whole. There are three tables for each region that regard all ages, youths, and adults.

Regarding the difference in cases between household populations below 200% and 150% for each region, the breakdown is as follows: the Western region would have 2,584 cases, the Central region would have 2,419 cases, and the Eastern region would have 2,130 cases. For the Western region, 827 cases would be among youths and 1,755 cases would be among adults. The Central region would have 796 youth cases and 1,623 adult cases. Finally, the Eastern region would break down into 640 youth cases and 1,690 adult cases.

Western Region

Table 6: Prevalence Estimates for Western Region Counties: Youth 0-17 by Poverty Level

	Households < 200% Poverty		Households < 150% Poverty		Difference between 200% and 150% Poverty	
County	**Cases**	**%**	**Cases**	**%**	**Cases**	**%**
Beaverhead	85	8.9	60	9.2	25	8.0
Deer Lodge	85	9.0	63	9.3	22	8.0
Flathead	725	8.8	511	9.1	214	8.0
Granite	28	9.0	22	9.3	6	8.1
Lake	314	9.1	251	9.4	63	7.9
Lincoln	207	9.1	168	9.4	39	8.0
Madison	57	8.7	42	9.0	15	8.1
Mineral	35	8.9	27	9.0	8	8.0
Missoula	774	8.7	543	9.0	231	8.0
Powell	52	8.8	35	9.2	17	7.9
Ravalli	369	8.9	283	9.2	86	8.0
Sanders	102	9.0	83	9.3	19	8.0
Silver Bow	327	8.9	245	9.2	82	8.1
Total	**3,160**		**2,333**		**827**	

Table 7: Prevalence Estimates for Western Region Counties: Adults 18+ by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference between 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Beaverhead	195	8.8	149	9.7	46	6.8
Deer Lodge	207	8.8	151	9.6	56	7.1
Flathead	1541	9.1	1113	10.0	428	7.4
Granite	61	9.0	48	9.6	13	6.9
Lake	523	8.3	411	8.9	112	6.6
Lincoln	462	9.5	374	10.3	88	7.1
Madison	123	8.0	94	8.6	29	6.7
Mineral	91	9.1	70	9.8	21	7.7
Missoula	2215	9.1	1690	9.9	525	7.3
Powell	127	8.9	87	9.9	40	7.4
Ravalli	691	8.7	529	9.5	162	6.9
Sanders	232	8.9	187	9.6	45	6.9
Silver Bow	782	9.1	592	9.8	190	7.4
Total	7,250		5,495		1,755	

In terms of specific counties in the Western region, Flathead and Missoula have the highest number of cases when looking at the difference between the household populations of 200% and 150% poverty (see Table 5). Presumably, this is because they are the largest counties in the region. However, the counties with the highest percent of cases (7.6) are Flathead, Powell, and Silver Bow. Nevertheless, the range of percentages among all Western region counties is fairly restricted (6.8 to 7.6). Youth and adult cases in Western region counties follow the pattern for all ages, with Flathead and Missoula having the highest numbers. The range of percentages for youth cases is even more restricted (7.9 to 8.1), indicating similarity among these regional counties in that regard. There is slightly more of a range for adults (6.6 to 7.7), with Mineral county having the highest percent and Lake county the lowest.

Table 8: Prevalence Estimates for Central Region Counties: All Ages by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference b/t 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Blaine	283	7.9	239	8.3	44	6.4
Broadwater	119	8.6	83	9.3	36	7.3
Cascade	2441	9.0	1788	9.6	652	7.6
Chouteau	194	8.5	151	9.0	42	6.9
Gallatin	1938	8.9	1408	9.6	530	7.3
Glacier	537	7.6	444	7.9	93	6.4
Hill	568	8.6	411	9.3	157	7.2
Jefferson	242	8.4	168	8.9	74	7.4
Lewis and Clark	1532	8.7	1029	9.4	503	7.6
Liberty	72	8.9	55	9.5	16	7.2
Meagher	64	8.9	48	9.6	15	7.0
Park	445	8.7	314	9.3	131	7.5
Pondera	214	8.5	170	9.0	44	7.0
Teton	205	8.9	157	9.6	48	7.3
Toole	152	9.0	117	9.5	34	7.7
Total	**9,006**		**6,582**		**2,419**	

Table 9: Prevalence Estimates for Central Region Counties: Youth 0-17 by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference b/t 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Blaine	126	9.2	108	9.5	19	8.1
Broadwater	37	8.7	25	9.0	12	8.1
Cascade	762	8.9	576	9.3	186	8.0
Chouteau	77	9.2	62	9.5	15	8.1
Gallatin	495	8.6	320	8.9	175	8.0
Glacier	250	9.1	208	9.3	42	8.0
Hill	196	9.0	143	9.4	52	8.0
Jefferson	89	8.6	59	8.8	30	8.1
Lewis and Clark	491	8.6	318	9.0	173	8.0
Liberty	23	9.2	19	9.8	5	8.1
Meagher	22	9.1	17	9.7	5	8.1
Park	128	8.6	87	9.0	41	8.0
Pondera	77	9.0	61	9.3	16	8.0
Teton	72	9.1	58	9.4	14	7.9
Toole	46	8.8	35	9.1	11	8.1
Total	**2,891**		**2,096**		**796**	

Table 10: Prevalence Estimates for Central Region Counties: Adults 18+ by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference b/t 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Blaine	157	7.1	132	7.5	25	5.6
Broadwater	82	8.6	58	9.4	24	7.1
Cascade	1678	9.0	1213	9.7	465	7.4
Chouteau	117	8.1	89	8.7	28	6.5
Gallatin	1443	9.0	1088	9.8	355	7.0
Glacier	287	6.7	238	7.0	50	5.5
Hill	372	8.5	268	9.3	104	6.9
Jefferson	153	8.3	108	8.9	45	7.1
Lewis and Clark	1041	8.8	711	9.6	330	7.4
Liberty	48	8.8	37	9.6	11	6.8
Meagher	42	8.9	32	9.9	10	6.6
Park	317	8.7	227	9.4	90	7.2
Pondera	138	8.3	110	8.9	28	6.5
Teton	133	8.8	99	9.7	34	7.0
Toole	106	9.1	82	9.8	24	7.6
Total	**6,114**		**4,492**		**1,623**	

The three Central region counties with the highest number of cases when looking at the difference between the household populations of 200% and 150% poverty are Cascade, Gallatin, and Lewis and Clark (see Table 8). Toole county has the highest percent of cases (7.7), followed closely by Cascade and Lewis and Clark (7.6). Blaine and Glacier counties have the lowest percent (6.4). The range of percentages among all Central region counties is fairly restricted (6.4 to 7.6). Youth and adult cases in Central region counties follow the pattern for all ages, with Cascade, Gallatin, and Lewis and Clark having the highest numbers. The range of percentages for youth cases is, like the Western region, very restricted (7.9 to 8.1). However, there is a wider range for adults (5.5 to 7.6). The lowest percents are for Glacier (5.5) and Blaine (5.6), while the highest percents are for Toole (7.6), as well as Cascade and Lewis and Clark (both at 7.4).

Eastern Region

Table 11: Prevalence Estimates for Eastern Region Counties: All Ages by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference b/t 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Big Horn	539	7.9	449	8.2	90	6.5
Carbon	261	8.7	187	9.4	74	7.4
Carter	43	8.8	34	9.4	9	7.1
Custer	370	9.3	296	9.8	74	7.7
Daniels	62	8.7	47	9.5	16	7.2
Dawson	274	9.1	215	9.7	59	7.5
Fallon	80	8.7	57	9.4	23	7.2
Fergus	345	8.7	257	9.4	88	7.2
Garfield	44	8.8	38	9.2	6	7.0
Golden Valley	32	9.1	26	9.5	6	7.3
Judith Basin	76	8.8	59	9.5	17	6.9
McCone	59	8.6	46	9.3	13	6.8
Musselshell	157	9.3	124	10.0	33	7.4
Petroleum	18	9.0	14	9.2	3	6.8
Phillips	152	8.8	119	9.4	32	7.0
Powder River	51	8.4	39	8.8	12	7.2
Prairie	34	8.2	26	8.9	8	6.4
Richland	274	8.8	188	9.6	86	7.5
Roosevelt	450	7.9	377	8.2	72	6.5
Rosebud	334	8.2	272	8.5	62	7.1
Sheridan	115	8.4	85	9.1	30	6.9
Stillwater	201	8.4	139	9.0	62	7.3
Sweet Grass	93	8.4	63	9.1	30	7.1
Treasure	23	8.3	18	9.0	6	7.2
Valley	213	8.1	161	8.4	52	7.0
Wheatland	69	9.2	56	9.7	13	7.4
Wibaux	31	8.6	27	9.1	5	7.3
Yellowstone	3621	8.8	2472	9.5	1149	7.6
Total	**8,021**		**5,891**		**2,130**	

Table 12: Prevalence Estimates for Eastern Region Counties: Youth 0-17 by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference between 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Big Horn	257	9.2	218	9.4	39	8.0
Carbon	72	8.8	51	9.2	21	8.0
Carter	12	8.9	9	9.4	3	7.8
Custer	100	8.9	80	9.2	20	8.0
Daniels	16	9.0	12	9.6	5	8.3
Dawson	73	8.9	57	9.2	16	8.0
Fallon	26	8.9	18	9.1	7	7.9
Fergus	101	9.0	76	9.4	25	8.0
Garfield	14	9.3	12	9.0	1	7.1
Golden Valley	8	9.0	5	8.4	2	7.0
Judith Basin	27	9.2	21	9.5	6	8.0
McCone	18	9.0	13	8.9	4	7.8
Musselshell	46	9.3	39	9.5	7	7.8
Petroleum	5	9.1	4	9.3	1	8.3
Phillips	49	9.1	38	9.2	10	7.8
Powder River	15	8.7	11	8.8	4	8.1
Prairie	9	9.1	6	8.9	2	7.0
Richland	83	8.8	56	9.1	27	8.0
Roosevelt	215	9.3	185	9.5	30	7.9
Rosebud	154	9.2	130	9.4	24	8.0
Sheridan	31	8.9	22	9.2	9	8.2
Stillwater	62	8.7	43	9.1	19	8.0
Sweet Grass	30	8.8	21	9.3	9	7.8
Treasure	9	9.0	7	9.8	2	8.5
Valley	66	8.8	50	9.1	16	8.1
Wheatland	15	8.8	11	9.3	4	8.1
Wibaux	10	9.0	9	9.3	1	7.1
Yellowstone	1075	8.8	749	9.2	326	8.0
Total	**2,598**		**1,953**		**640**	

Table 13: Prevalence Estimates for Eastern Region Counties: Adults 18+ by Poverty Level						
	Households < 200% Poverty		Households < 150% Poverty		Difference between 200% and 150% Poverty	
County	Cases	%	Cases	%	Cases	%
Big Horn	282	7.0	231	7.4	51	5.7
Carbon	190	8.7	136	9.5	54	7.2
Carter	31	8.7	25	9.4	6	6.8
Custer	270	9.5	216	10.1	54	7.5
Daniels	46	8.6	34	9.5	12	6.8
Dawson	201	9.2	158	9.9	43	7.3
Fallon	55	8.5	38	9.3	16	7.0
Fergus	243	8.6	179	9.4	64	6.9
Garfield	30	8.6	26	9.0	4	6.4
Golden Valley	25	9.2	20	9.6	4	6.5
Judith Basin	49	8.5	38	9.5	11	6.4
McCone	41	8.5	32	9.2	9	6.5
Musselshell	110	9.3	85	10.2	26	7.3
Petroleum	13	9.0	11	9.6	3	7.7
Phillips	103	8.7	81	9.5	22	6.6
Powder River	36	8.3	28	8.9	8	6.9
Prairie	26	7.9	20	8.8	6	6.2
Richland	191	8.8	132	9.8	59	7.3
Roosevelt	234	6.9	193	7.3	41	5.7
Rosebud	180	7.5	142	7.8	38	6.6
Sheridan	84	8.2	63	9.0	21	6.5
Stillwater	140	8.3	96	8.9	43	7.0
Sweet Grass	63	8.2	44	9.2	20	6.8
Treasure	15	8.0	11	8.6	4	6.7
Valley	147	7.7	111	8.2	36	6.6
Wheatland	54	9.3	45	9.8	9	7.2
Wibaux	21	8.5	18	8.7	3	6.7
Yellowstone	2546	8.9	1723	9.7	823	7.5
Total	**5,426**		**3,936**		**1,490**	

The Eastern region is composed of many small counties and one, Yellowstone, accounts for over half the cases when looking at the difference between the household populations of 200% and 150% poverty (see Table 11). Seven counties have fewer than 10 cases and 12 counties have fewer than 20 cases. The percent of cases for each county ranges from a low of 6.4 for Prairie county and a high of 7.7 for Custer county. Youth and adult cases in Eastern region counties follow the pattern for all ages,

with Yellowstone having the highest numbers. However, there is a wider range of percentages for youth cases than the other two regions, with Golden Valley and Prairie counties having a low of 7.0 and Treasure County having a high of 8.5. The percent of adult cases ranges from a low of 5.7 in Big Horn and Roosevelt counties to a high of 7.7 in Petroleum County. However, Petroleum has only 3 cases. Yellowstone and Custer counties have the next highest percent at 7.5.

Section Summary and Discussion

This is a brief summary of the prevalence estimates of individuals with a serious mental illness (SMI) and serious emotional disturbance (SED) for Montana as a whole, the state's three regions, and the counties in each region.

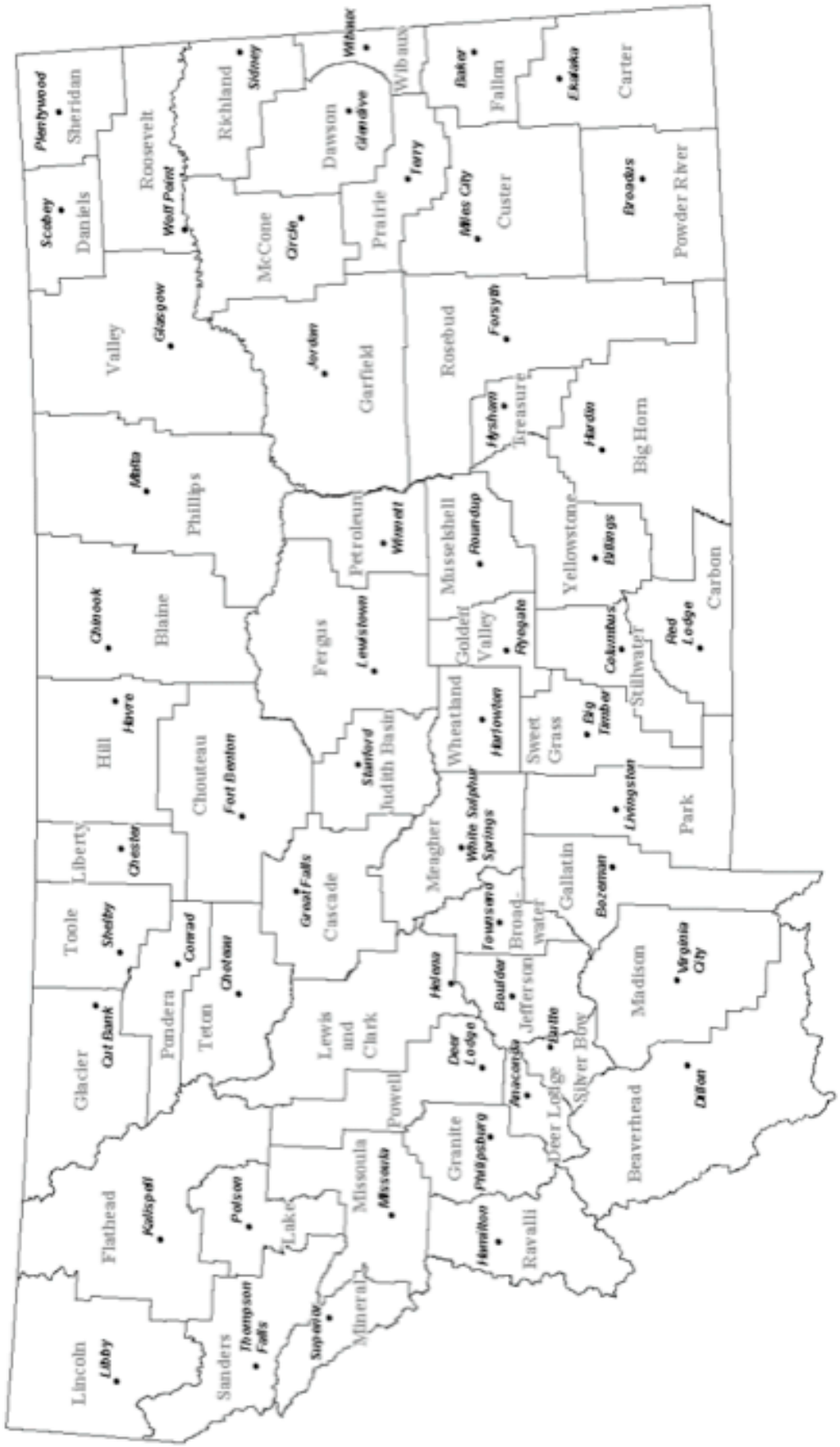
Prevalence Estimates (SMI/SED)

The National Comorbidity Survey (NCS) is the most recent random survey of the adult household population in the United States. It utilized a diagnostic interview schedule to identify rates of mental disability. Results from the NCS were used to estimate the prevalence of individuals with SMI or SED for various socio-demographic groups. These rates were used in combination with Census data to generate prevalence estimates for Montana.

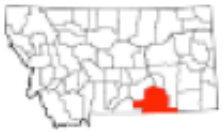
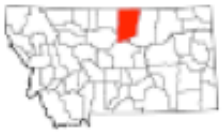
The population of interest was persons in households below 200% and 150% of the federal poverty level, particularly the difference in estimated numbers of cases between these two groups. The analyses indicate that 7,092 cases fall between 150-200% poverty. In this population, approximately 2,251 youths were estimated to have experienced a SED and 4,841 adults a SMI. These estimates represented 8.0% of youths and 7.1% of adults between 150-200% of the poverty level.

Regions were comparable in many ways regarding their overall number of cases, as well as cases for youths and adults in the 150-200% poverty range. For total cases in this range, the Western region is estimated to have 2,584, the Central region has 2,419, and the Eastern region would have 2,130. For the Western region, 827 cases would be among youths and 1,755 cases would be among adults. The Central region would have 796 youth cases and 1,623 adult cases. Finally, the Eastern region would break down into 640 youth cases and 1,690 adult cases.

Montana County Seats



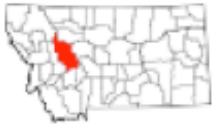
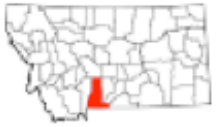
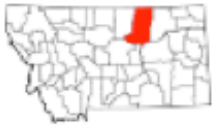
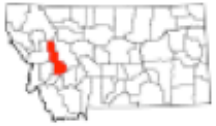
Montana Counties with Local Advisory Councils (LACs)

County	County seat	Population	Miles to MSH	Area	Map	State License Plate No.	LAC meets
Beaverhead County	Dillon	9,202	76 miles (123 km)	5,543 sq mi (14,356 km²)		18	Dillon
Big Horn County	Hardin	12,671	295 miles (475 km)	4,995 sq mi (12,937 km²)		22	Hardin
Blaine County	Chinook	7,009	296 miles (476 km)	4,226 sq mi (10,945 km²)		24	Hays
Carbon County	Red Lodge	9,552	252 miles (406 km)	2,048 sq mi (5,304 km²)		10	Red Lodge
Cascade County	Great Falls	80,357	160 miles (258 km)	2,698 sq mi (6,988 km²)		2	Great Falls
Daniels County	Scobey	2,017	553 miles (889 km)	1,426 sq mi (3,693 km²)		37	Scobey
Dawson County	Glendive	9,059	470 miles (756 km)	2,373 sq mi (6,146 km²)		16	Glendive

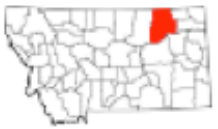
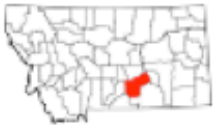
Montana Counties with Local Advisory Councils (LACs)

County	County seat	Population	Miles to MSH	Area	Map	State License Plate No.	LAC meets
Deer Lodge County	Anaconda	9,417	11 miles (18 km)	737 sq mi (1,909 km²)		30	Anaconda "Tri-County"
Fergus County	Lewistown	11,893	255 miles (411 km)	4,339 sq mi (11,238 km²)		8	Lewistown
Flathead County	Kalispell	74,471	217 miles (350 km)	5,099 sq mi (13,206 km²)		7	Kalispell
Gallatin County	Bozeman	67,831	106 miles (171 km)	2,507 sq mi (6,493 km²)		6	Bozeman
Granite County	Philipsburg	2,830	40 miles (65 km)	1,728 sq mi (4,475 km²)		46	Anaconda "Tri-County"
Hill County	Havre	16,673	275 miles (442 km)	2,896 sq mi (7,501 km²)		12	Havre
Lake County	Polson	26,507	166 miles (267 km)	1,494 sq mi (3,869 km²)		15	Polson

Montana Counties with Local Advisory Councils (LACs)

County	County seat	Population	Miles to MSH	Area	Map	State License Plate No.	LAC meets
Lewis and Clark County	Helena	55,716	71 miles (114 km)	3,461 sq mi (8,964 km²)		5	Helena
Lincoln County	Libby	18,837	288 miles (463 km)	3,613 sq mi (9,358 km²)		56	Libby "LILAC"
Mineral County	Superior	3,884	154 miles (249 km)	1,220 sq mi (3,160 km²)		54	Superior
Missoula County	Missoula	95,802	98 miles (158 km)	2,598 sq mi (6,729 km²)		4	Missoula
Park County	Livingston	15,694	132 miles (212 km)	2,656 sq mi (6,879 km²)		49	Livingston
Phillips County	Malta	4,601	363 miles (584 km)	5,140 sq mi (13,313 km²)		11	Malta
Powder River County	Broadus	1,858	415 miles (668 km)	3,297 sq mi (8,539 km²)		9	Broadus
Powell County	Deer Lodge	7,180	16 miles (26 km)	2,326 sq mi (6,024 km²)		28	Anaconda "Tri-County"

Montana Counties with Local Advisory Councils (LACs)

County	County seat	Population	Miles to MSH	Area	Map	State License Plate No.	LAC meets
Ravalli County	Hamilton	36,070	145 miles (233 km)	2,394 sq mi (6,200 km²)		13	Hamilton "Bitterroot Valley"
Richland County	Sidney	9,667	517 miles (833 km)	2,084 sq mi (5,398 km²)		27	Sidney
Silver Bow County	Butte	34,606	23 miles (37 km)	718 sq mi (1,860 km²)		1	Butte
Stillwater County	Columbus	8,195	208 miles (334 km)	1,795 sq mi (4,649 km²)		32	Columbus
Sweet Grass County	Big Timber	3,609	167 miles (269 km)	1,855 sq mi (4,804 km²)		40	Big Timber
Teton County	Choteau	6,445	173 miles (278 km)	2,273 sq mi (5,887 km²)		19	Choteau
Valley County	Glasgow	7,675	432 miles (695 km)	4,921 sq mi (12,745 km²)		20	Glasgow
Yellowstone County	Billings	129,352	248 miles (399 km)	2,635 sq mi (6,825 km²)		3	Billings

ACRONYMS COMMONLY USED IN MENTAL HEALTH SERVICES

ADT	Adult Day Treatment (Center)
ASIST	Applied Suicide Intervention Skills Training
AMDD	Addiction & Mental Disorders Division (of DPHHS)
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
BHIF	Behavioral Health Inpatient Facility
BOV	Board of Visitors (Gov.'s Office)
CHIP	Children's Health Insurance Plan
CIT	Crisis Intervention Team
CLO	Community Liaison Officer
CMH	Center for Mental Health (Great Falls)
CPO	Community Program Officer
CSAA	Central Service Area Authority
DBT	Dialectical Behavior Therapy
DFS	Department of Family Services
DOC	Department of Corrections
DPHHS	Department of Public Health & Human Services
DRM	Disability Rights Montana (formerly MAP)
EMCMHC	Eastern Montana Community Mental Health Center (Miles City)
ESAA	Eastern Service Area Authority
HCBS	Home & Community-Based Services
HIFA	Health Insurance Flexibility & Accountability (Waiver)
HIPAA	Health Insurance Portability & Accountability Act
HPSA	Health Professional Shortage Area
HRC	Human Resources Council
ICM	Intensive Case Management
IHS	Indian Health Service
IMR	Illness Management & Recovery
IOPT	Intensive Out-Patient Treatment
KMA	Kids' Management Authority
LAC	Licensed Addictions Counselor
LAC	Local Advisory Council
MCDC	Montana Chemical Dependency Center (Butte)
MHC	Mental Health Center
MHOAC	Mental Health Oversight Advisory Council
MHP	Mental Health Professional
MHSP	Mental Health Services Plan
MMHA	Montana Mental Health Association
MMHNCC	Montana Mental Health Nursing Care Center (Lewistown)
MSH	Montana State Hospital (Warm Springs)
NAMI	National Association of Mental Illnesses
PACT	Program of Assertive Community Treatment
PATH	Projects for Assistance in Transition from Homelessness
SAA	Service Area Authority
SAMHSA	Substance Abuse & Mental Health Services Administration
SCRMHC	South Central Regional Mental Health Center (Billings)
SDMI	Severe & Disabling Mental Illness (adult diagnosis)
SED	Severe Emotional Disturbance (youth diagnosis)
WMAS	Western Montana Addiction Services
WMMHC	Western Montana Mental Health Center
WRAP	Wellness Recovery Action Plan
WSAA	Western Service Area Authority
72HPE	72-Hour Presumptive Eligibility