



*Central  
Service  
Area  
Authority*

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# Addiction and Mental Disorder Division

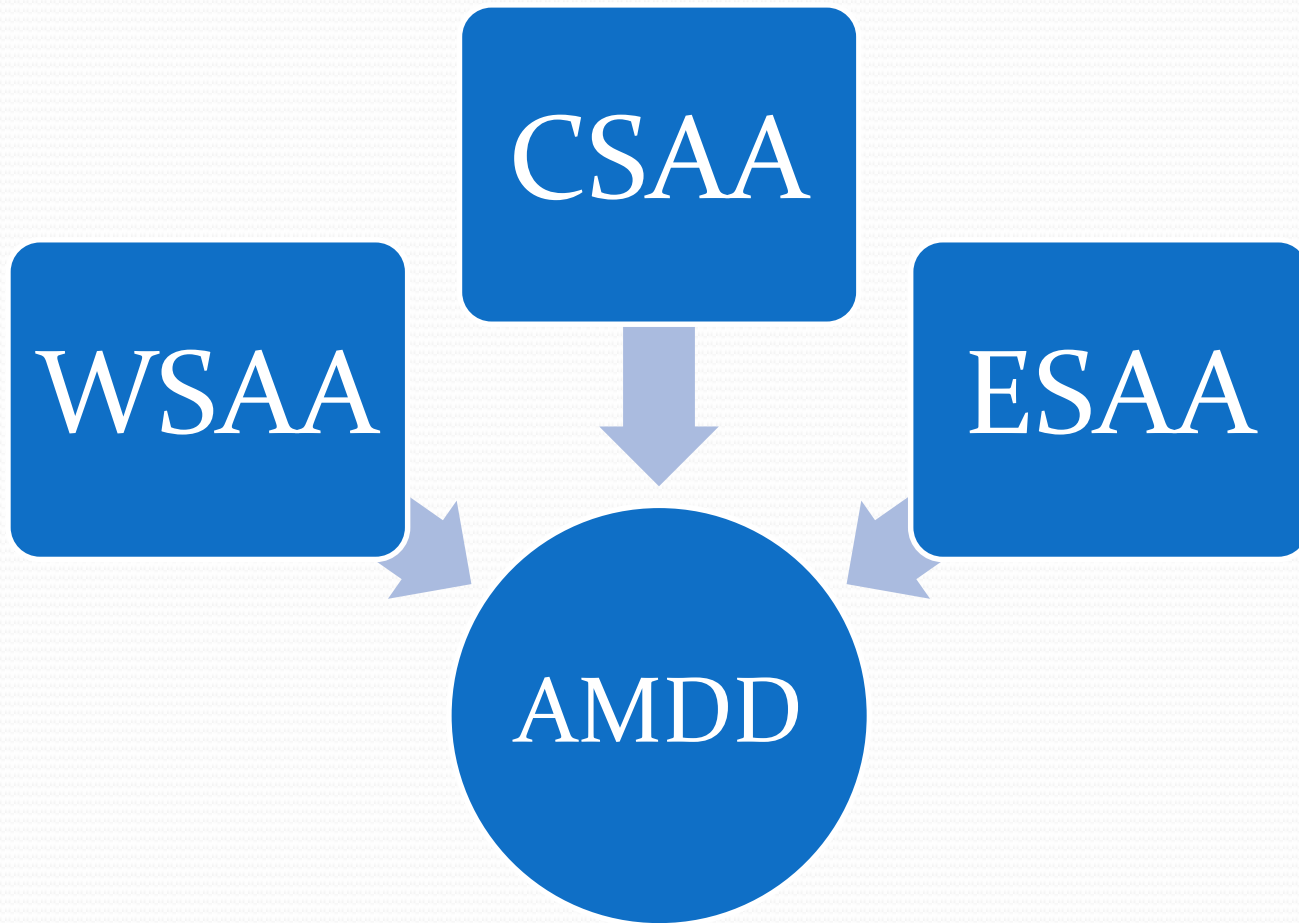
- 1 (AMDD) Addiction and Mental Disorder Division
  - (BHAC) *Previously MHOAC*  
Behavioral Health Advisory Council
- 3 (SAA) Service Area Authority, Western, Central, Eastern
- 56 (MHLAC) Mental Health Local Advisory Council's

# (BHAC) Behavioral Health Advisory Council

- Representatives from the following State agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, and the State Medicaid Agency.
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services.
- Adults with serious mental illness who are receiving (or have received) mental health services.
- Families of such adults and families of children with serious emotional disturbance.
- *Note:* The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children.

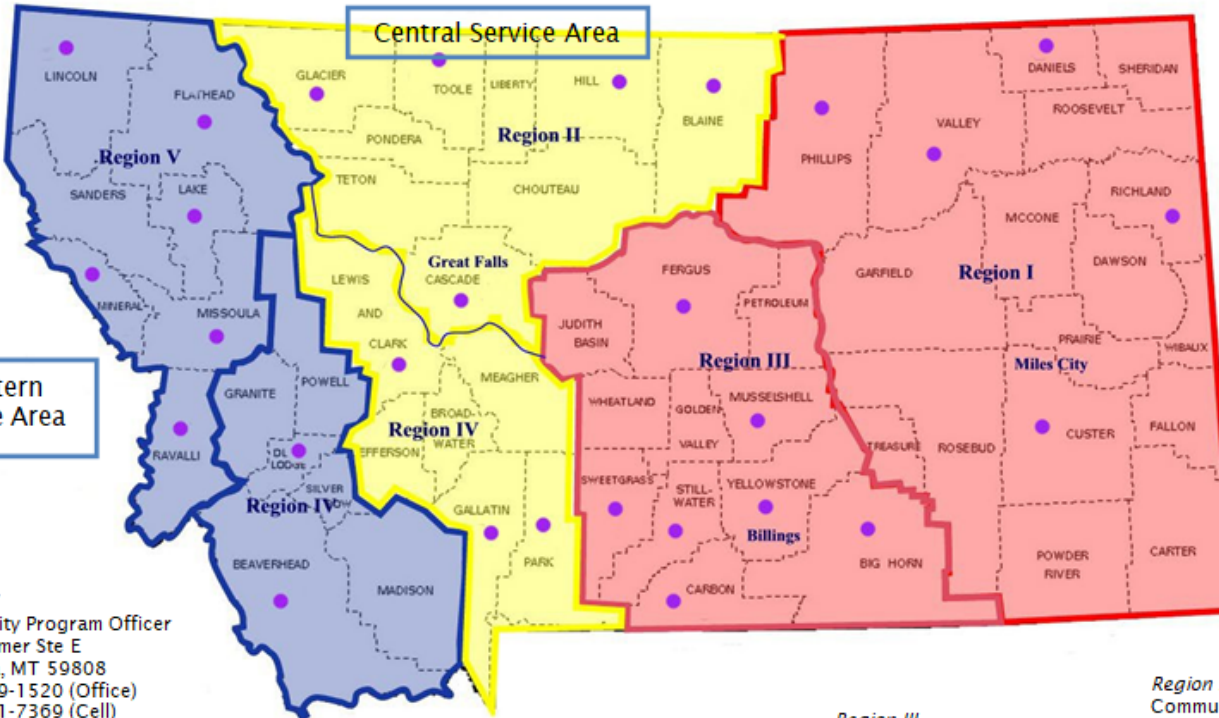
Most importantly, the law states that at least 51% of the members should be affiliated with constituency groups other than providers of services or State employees.

- **Duties of the Membership**
- The federal law states that the planning council is expected to do the following:
  - To review the Mental Health Block Grant Plan and to make recommendations.
  - To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
  - To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.



**Local Mental Health Advisory Councils (LMHACs);  
Service Area Authorities (SAAs),  
Community Program Officers (CPOs)**

**Region II**  
Community Program Officer  
201 1<sup>st</sup> St S. Ste 3 Rm 165  
Great Falls, MT 59405  
(406) 454-6078 (Office)  
(406) 788-8167 (Cell)



**Western  
Service Area**

**Central Service Area**

**Eastern  
Service Area**

**Region V**  
Community Program Officer  
2685 Palmer Ste E  
Missoula, MT 59808  
(406) 329-1520 (Office)  
(406) 241-7369 (Cell)

**Region IV**  
Community Program Officer  
307 E. Park Rm 415  
Anaconda, MT 59711  
(406) 563-7045 (Office)  
(406) 498-7358 (Cell)

*Counties where a LAC  
contact person is available.*

**Region III**  
Community Program Officer  
2121 Rosebud Drive Ste. F  
Billings, MT 59102  
(406) 655-7622 (Office)  
(406) 670-6910 (Cell)

**Region I**  
Community Program Officer  
219 Merriam  
Miles City, MT 59301  
(406) 234-1866 (Office)  
(406) 853-4421 (Cell)

# WSAA Collaboration with 13 Counties

- Madison
- Lake
- Flathead
- Sanders
- Mineral
- Missoula
- Powell
- Ravalli
- Granite
- Deer Lodge
- Silver Bow
- Beaverhead
- Lincoln
- ❖ Flathead Reservation

# CSAA Collaboration with 15 Counties

- Liberty
- Lewis and Clark
- Park
- Hill
- Meagher
- Broadwater
- Jefferson
- Gallatin
- Cascade
- Glacier
- Pondera
- Toole
- Teton
- Blaine
- Choteau
- ❖ Fort Belknap Reservation
- ❖ Rocky Boy Reservation
- ❖ Little Shell Reservation
- ❖ Black Feet Reservation

# ESAA Collaboration with 28 Counties

- Daniels
- Yellowstone
- Phillips
- Valley
- Judith Basin
- Wheatland
- Sweet Grass
- Stillwater
- Musselshell
- Golden Valley
- Golden Valley
- Petroleum
- Sheridan
- Richland
- Carter
- Wibaux
- Powder River
- Big Horn
- Fallon
- Prairie
- McCone
- Dawson
- Roosevelt
- Garfield
- Carbon
- Rosebud
- Treasure
- Fergus
- Custer
- ❖ Fort Peck Reservation
- ❖ Crow Reservation



# Creation of the SAA's

- **53-21-1013. Purpose.** The purpose of this part is to:
  - create service area authorities that collaborate with the department and local advisory councils to plan, implement, and evaluate regional public mental health care within the budget constraints for each service region;
  - promote consumer and family leadership within the public mental health system through service area authorities; and
  - foster a consumer-driven and family-driven system of public mental health care that advances:
    - access to a continuum of mental health services; and
    - individual choice of services and providers.

# AMDD Expectations in Collaboration with SAA's

- To maintain an appointed staff liaison as a direct contact within AMDD
- AMDD will act as a collaborative decision maker with the SAAs and LAC's regarding Behavioral Health Services
- AMDD will hold one voting power for SAA policies and procedures
- AMDD will inform SAAs with available information regarding Behavioral Health needs from the state
- AMDD will support Montana County LACs with trainings, events, and projects for Behavioral Health Recovery
- AMDD will host monthly and quarterly SAA meetings, which may include virtual meeting platform, cost of travel, lodging and meals
- AMDD will provide support for administrative tasks when appropriate and approved by supervisor, example: monthly SAA meetings

# **Definition of Mental Health Local Advisory Councils (MHLAC)**

- Mental Health Local Advisory Council (MHLAC) is a coalition of community stakeholders working together in assessing, advocating, planning and strengthening public mental health services in their community.

**WHY?**

# What is the buy in?

- Reduce Suicide In Montana
- Improved Outcomes for individuals living with a Mental Illness
- Reduce Recidivism
- Improve Workforce Retention
- Improve Emergency Services response
- Reduction of out of pocket County funds
- Community partners working as a team
- Create a community of wellness, and reduce the ripple effect of stress and trauma for all

# One Challenge at a time

- When a Challenge is brought before the MHLAC, the community has the opportunity to assess, plan, and implement a solution focused response.
- Example: Our community is facing an increased population of individuals with mental illnesses entering businesses. Their behaviors are at times anxiety producing for customers and business owners. Our normal response is to call law enforcement. This often escalates the situation, and individuals end in incarceration, or emergency rooms.
- Solution: Educate business owners on mental illness, de-escalation, and empathic response (reduce stigma). Educate law enforcement on (CIT) Crisis Intervention Training

## Recommendations:

- Recommit the 3 Community Program Officer's (CPO's), working within AMDD, to build up MHLAC's, and keep the County relationships with the SAA's strong and effective. The Community Program Officers had been the backbone of support for the Counties and the SAA's, and we would like to see that support restored.
- Require that Behavioral Health grant recipients be engaged with their SAA to ensure consumer and family members have input in the implementation of services that affect them. This would build up the leadership committee of the SAA's, and improve statewide collaborations with providers, and their communities.
- Elevate the Consumer experience, both positive, and adverse. Utilize case examples to learn from recent experiences to show what is working, what is not, and what can be done to change the status quo. We are all responsible to improve the lives of our consumers and their families. We are all responsible to care for our Veterans that have returned with Adverse Mental Health Challenges, and we should give them a voice in their treatment.

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- HB2 General Fund:
  - Shall recognize Mental Health Service needs in Montana, provide initial start-up funding for new Mental Health Treatment Facilities for both youth and adults.
  - Shall recognize the ongoing expense of brick and mortar treatment and support facilities, and provide annual maintenance and infrastructure funding.
  - Shall recognize the need for Transitional funds during fiscal year end contract renewal, and provide a transitional funding period, One month past the end of the fiscal year.
- Montana shall recognize the need for a qualified front-line workforce that works with youth and adults that live with SDMI. The living wage of a front-line staff must exceed the average community service industry wage by 15%. We are not able to retain staff due to a competing wage for general service work in the community. The quality of workforce is suffering when we are not providing a semi-professional wage. The people that are spending the most time with consumers are treated as insignificant, but in most cases have the greatest impact on a consumer's recovery, and the culture of the system they work in. The results of turnover, retention, healthy environment, care of consumers, higher levels of care, recidivism, outcomes, trauma, and much more are all directly impacted by how we take care of this work force. They are the glue that holds everything together, and we need to take care of them because they are taking care of consumers that we hope to see reaching their greatest potential.

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- The Olmstead Act: Montana shall adopt the Olmstead Act: to provide Services as close to home, and in the least restrictive environment for individuals that live with Disabilities, not to exclude individuals who live with Severe and Disabling Mental Illness. **Olmstead**, or Olmstead v. LC, is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act. The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three part test is met:
  - The person's treatment professionals determine that community supports are appropriate;
  - The person does not object to living in the community; and
  - The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.
- Transportation with dignity:
  - Emergency Services Transportation shall be provided as close to home as possible, and in the least restrictive environment
    - Any person under the age of 18 in need of Emergency Services, is cooperative and non-combative, shall not be put in handcuffs when being placed into a law enforcement or emergency services vehicle.
    - Any Person who is in need of Mental Health Emergency Services, is cooperative and non-combative, shall not be put in handcuffs when being placed into a law enforcement or emergency services vehicle.

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Questions?