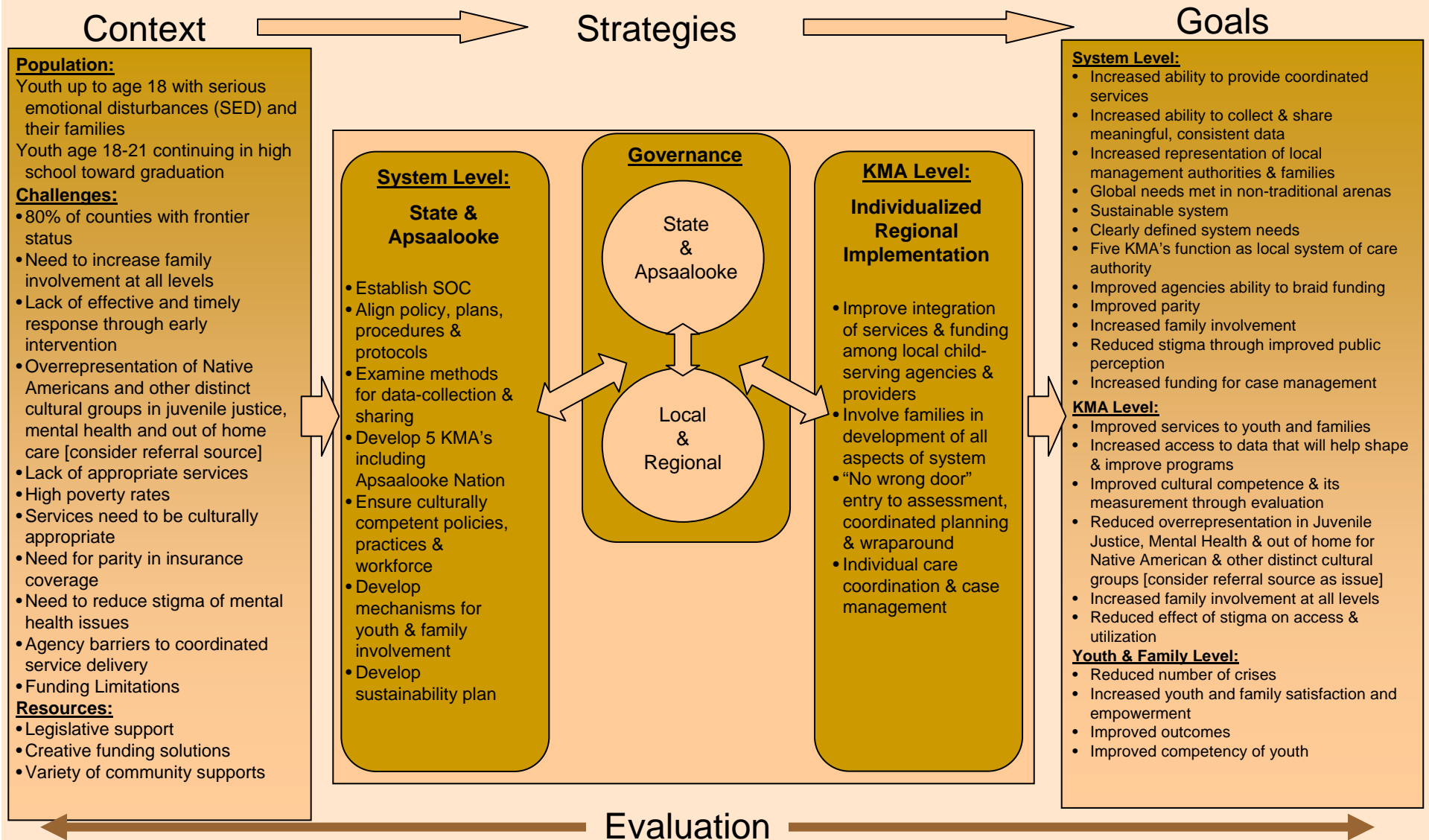


# Montana System of Care: Apsaalooke (Crow Nation) & KMA Strategies

**Mission:** To provide leadership in the development of a system of mental health care for Montana youth and their families that is integrated within the health care system.

**Core Values:** Services are community-based, child-centered, family focused, culturally competent and sustainable. The array of services are comprehensive, individualized for the child and family, provided in the least restrictive setting appropriate for the child, coordinated at the system and service delivery levels, inclusive with involvement of families and youth as full partners, and invested in early identification and intervention. (p. 8)



# Context

Draft 06/28/05 TB

## Population:

- Youth up to age 18 with serious emotional disturbances (SED) and their families, with:
  - Qualifying DSM-IV diagnosis
  - Illness 6 months or more in duration
  - Demonstrated need for specialized services from at least one other human service system as result of illness
- Youth age 18-21 continuing in high school toward graduation

## Challenges:

- 80% of counties with frontier status
- Need to increase family involvement at all levels
- Lack of effective and timely response through early intervention
- Overrepresentation of Native Americans and other distinct cultural groups in juvenile justice, mental health and out of home care
- Lack of appropriate services
  - Lack of community based services
  - Lack of or inadequate quality services
  - Lack of providers
  - Inconsistency in service delivery
  - Lack of collaborative service delivery and funding, fragmentation
  - Services are inconsistent with population to be served
  - Lack of transition services from child to adult system
  - Need to increase co-occurring capability (mental health & substance abuse) and reduce service gaps
- High poverty rates
- Services need to be culturally appropriate
- Transition from children to adult mental health system
- Need for parity in insurance coverage
- Need to reduce stigma of mental health issues
- Agency barriers to coordinated service delivery
  - Gaps in services and lack of resources (human and fiscal)
  - Placement decisions based on resources rather than youth's needs
  - Lack of a consistent, comprehensive assessment tool for youth
- Funding Limitations
  - Medicaid is the only sustainable funding source
  - Categorical funding that limits flexibility
  - Lack of service funding for non-Medicaid youth and their families

## Resources:

- Legislative support
  - Legislative mandate for system of care
  - Legislature authorized SED waiver application
  - Existence of elements of System of Care (continuum of care) throughout Montana
- Creative Funding Solutions
  - Creative funding solutions in local communities
  - Access to Medicaid
  - Braided public funding on a local and individual basis
  - HIFA [spell out] waiver for youth ineligible to transition to adult mental health system
- Variety of community supports
  - Strong local collaborations
  - Culturally diverse communities
  - Efforts of parents and guardians

## System Level:

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### Strategies:

- **Establish System of Care- bring partners together**
- Establish Oversight Team
- Hire Project Director
- Assess Committee for Cultural Competence
- Develop a logic model
- Develop plan for population service priorities
- Examine and adjust financing to reduce barriers
- Examine language barriers and create common lexicon
- Establish 5 SOC management regions and build SOC infrastructure and provide support and oversight to KMA's
- Provide development grants
- Improve community understanding of KMA
- **Align policy, plans, procedures and protocols for smooth coordination and service delivery**
- Identify system links, gaps and barriers & policy conflicts.
- Consensus building for system-building model
- Train committee on best practices and develop plans for integration and coordination
- Identify legislative adjustments to clarify SOC committee oversight
- **Examine methods for appropriate data-collection and sharing.**
- **Develop 5 KMA's including Apsaalooke (Crow Nation)**
- Choose sites and assist with recruitment and training
- Identify family leadership and others to represent community in statewide committee
- **Ensure culturally competent policies, practices and workforce.**
- **Develop mechanisms for youth and family involvement at system and treatment planning levels.**
- Involve AmeriCorp
- Peer-to-peer support networks

### Goals:

#### Short-term

- Committee established
- Assessments completed
- Reduction of inequity
- Maximize use of funds
- Consistency among providers in "lingo"
- Enhanced community understanding and buy-in
- Enhanced policies, standards and procedures
- Identify, plan for, develop and facilitate wraparound process enabling broad array of services

#### Long-term

- Ability to provide coordinated services
- Ability to collect and share meaningful, consistent data
- Representation of local management authorities and families
- Global needs met in non-traditional arenas
- Clearly defined system needs
- Sustainable system

## KMA Level:

**Draft 06/28/05 TB**

### Strategies:

- **Improve integration of services and funding among local child-serving agencies and providers**
- Formalize links among local agencies, programs and providers
- Involve families in development of all aspects of system
- **“No wrong door” entry to assessment, coordinated planning and wraparound system of services**
- Enroll and serve youth and families
- Implement care review procedures
- Provide for technical transfer between state [sic] and KMA’s
- Practice continuous quality improvement
- 800 help line
- Peer-to-peer mentoring
- Individual Care Coordination- Parent is the key member and participant (unless parental rights modified) Team Members: Caregivers, Mentors, Neighbors, Clinical consultants, Legal advocates, Agency representatives, School personnel, Tribal representatives, First Health, and others. (May vary based on needs of child and family)

### Goals:

#### Short-term

- **Improved services to youth and families**
  - Reduced dependence on out-of-town & out-of-state services
  - Improved access to service
  - Improved co-occurring capability (mental health & substance abuse)
  - Reduced service gaps
  - Integrated youth & family-specific care plans
  - Increase in family driven plans
  - Increased case management services
- **Access to data that will help shape & improve programs**
- **Improved cultural competence, evaluation skills, co-occurring capability and reduced service gaps**
- **Increased access to data that will help shape & improve programs**
- **Improved cultural competence & its measurement through evaluation**
- **Reduced overrepresentation in Juvenile Justice, Mental Health & out of home for Native American & other distinct cultural groups [consider referral source as issue]**
- **Increased family involvement at all levels**
- **Reduced effect of stigma on access & utilization**

#### Long-term

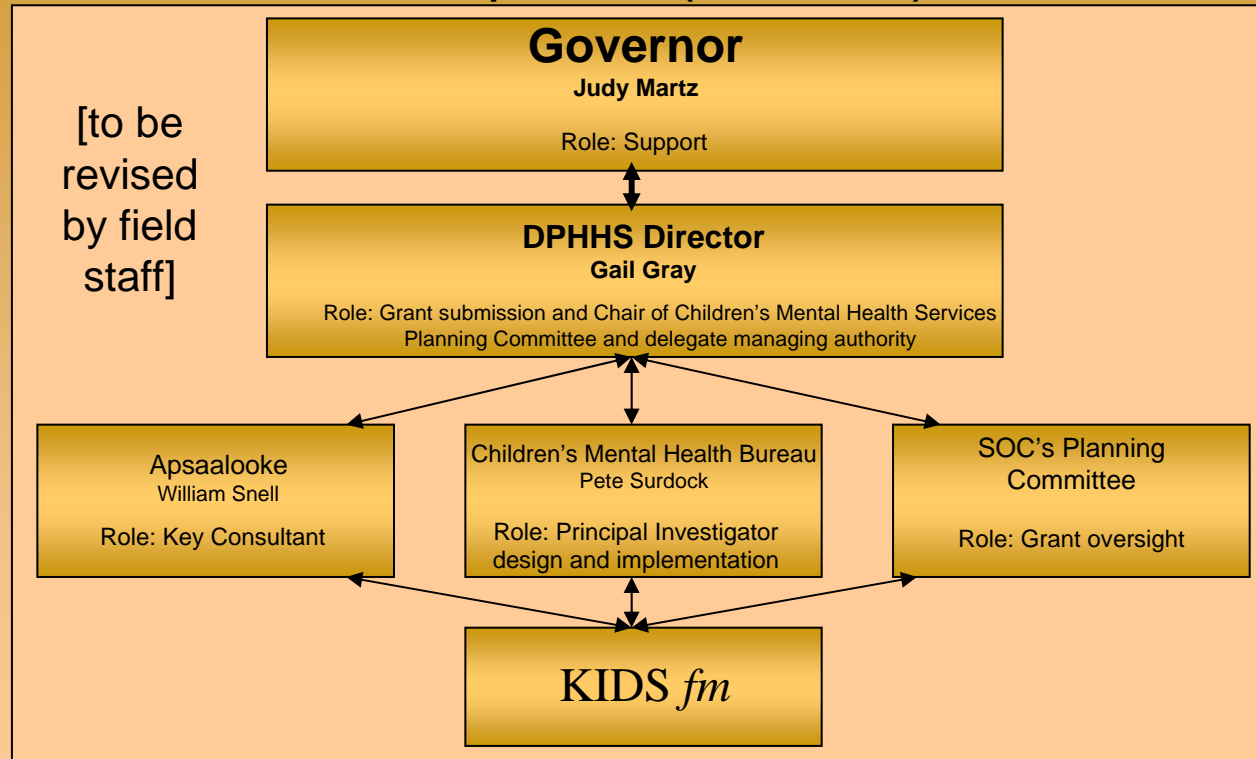
- Better child and family outcomes

# Governance: [to be revised by field staff] Draft 06/28/05 TB

## Guiding Principles

"The KMA is the infrastructure upon which the State system of care will be built. The State, in partnership with the community, shares in the responsibility to ensure all KMA Community Team members are working together toward common goals and objectives."

## State & Apsaalooke (Crow Nation)



Region I

Region II

Region III

Region IV

Region V