

April 10, 2014

Mental Health Oversight and Advisory Council Summit Meeting

Attending: Acting Chair: Chris Hartman-Western, Acting Secretary: Janice Reichelt and Bill Hodges-Eastern, Tom Pelosi and Andria Lower-Central, Patti Jacques-Public. DPHHS hosted, but were unable to attend except for a question period.

The meeting was called to order by Chris and Janice read the minutes of the last meeting. Bill motioned that they be accepted and Andrea seconded it. The chair called for introductions. Tom commented on the minutes. He reminded everyone that the group's purpose is to report to the legislature and to promote collaboration with all entities in an effort to promote programs to improve mental health in Montana. He voiced concern that the DPHHS is unable to participate in the process today and requested that we utilize the Technical Assistance Collaborative report called Improving Montana's Mental Health System and build on past efforts.

AMDD Report-Andria reported that Deb is involved with data collection and will be sharing in the future. Deb is concerned that information is not being shared to our constituents. We all agreed to make this a priority.

SAA Reports-Chris@western reported that they continue to emphasize education and have been having guest speakers. There is a new program (HUD housing) for disabled people to purchase their own home for 1/3 of their income. She promised to get more information on this. They have been in contact with their legislator and she feels that the LAC's are getting stronger, except for Lincoln as she feels that she cannot continue to do the bulk of the work. She continues to remain active in the peer support project.

Andrea and Tom@Central reported that they had just had their congress and will be deliberating about legislative priorities the next meeting. Tom commented on the struggles the Harve is having with federal funding issues at the IHS, thus affecting their mental health staff and LAC. Also mentioned that Clark County is struggling and the Hope house has a new manager.

Bill and Janice@Eastern reported that the ESAA Congress is scheduled for May 13, 2014 in Billings Montana. The issue of having competing LAC type groups within the same town was introduced at the request of the membership. No concrete solutions were noted except to continue to keep open communication and to emphasize the advantages of working cohesively towards a goal. Plan to do more public information about ESAA and LAC's in the media.

We discussed the success of the Mental Health First Aide classes in Hardin and Miles City. Bill mentioned that having a DPHHS employee with the credentials to teach has really saved the ESAA and LAC's outlay money to sponsor the classes. He stated that with donated help the class in Harden was \$200. Questioned why participants are being charged from \$15 to \$35 for the books and it was agreed that we want to have this class remain as financially affordable as possible. Janice stated that the Miles City class had an excellent turnout and 20 of them received Continuing Education Credits through

Montana Nurses Association. She is the contact person for this as each session has to be pre-authorized. The ESAA paid the fee for accreditation and it is good for two years. Scobey is already authorized for their June 1st class. Antonia has asked her to do the paperwork to qualify the ASIST class for CEU's, but she has not committed yet as it is very time consuming.

Discussed that the Interim Chairman, Senator Wanzenried has encouraged the citizens of Eastern Montana to develop plans for a treatment center and he promised to support the project. (Later, we learned that Dan Aune of Mental Health of Montana has visited with Scobey, Plentywood, and Glasgow and they are interested. Malta will also support this. The suggested site is Glasgow.) The savings in transportation and time required of ambulance, police, and medical staff could be significant. Plus early treatment aids recovery and the discharge to the home area would be easier. Discussed that it would have to be a 16 bed unit in order to qualify for the federal money match.

Glenda Oldenburg-DPHHS Mental Health Department Head arrived to answered questions. Chris asked if the executive planning process had started and Glenda answered that they plan to look at proposals and then support what the governor suggests. She asked for ideas for the budget.

Tom mentioned that the LAC had started to identify services needed and collaborate with AMDD to fill the gaps. He reminded us of the mantra- Nothing about us without us. He stressed that the needs identified by the consumer groups are as important as the governor's plan. We discussed that persons should be served in the least restrictive environment possible as this was a law passed in the 1998 Olmstead legislature ruling. The concern that the mentally ill are the largest supplier to the prison system was expressed.

Chris asked the governors' stance on Medicaid expansion and Glenda expounded that many mentally ill persons would benefit from having a funding source for treatment. She later brought in an address to electronically support the initiative to further Medicaid expansion. Healthy Montana Initiative. Org Glenda reminded us to encourage people that are 135% of poverty level that they are eligible for Medicaid as it is income based instead of requiring a pregnancy diagnosis, a disability, or being chemical dependent and on Medicaid they will get more help for their medical needs and will have more pharmacy support.

MHSP Waiver people are being transferred to Medicaid so that they can utilize federal money for the match instead of all general fund money. Tom questioned about the source of 72 hour hold money and was told that it allows people to receive services regardless of the area of reimbursement. It allows the providers to triage the level of care such as outpatient, state hospital, etc.

Janice asked what she thought was the solution for the institutions that have been being studied? Glenda stated that they are all gathering data, and she knows that the legislators are pushing for a vision, but they do not have one yet. She knows that they need better continuum of care, but the pieces aren't all there yet. She asked what our legislative priorities were and a list is started and is included at the end of these minutes.

Glenda had talked to Karl Rosston about the idea of having home care nurses respond to persons in need of help in some areas instead of the police. This idea has been successful in Colorado and they have found that patients often respond to a nurse differently than they do to law enforcement especially when being convinced to seek treatment. Janice proposed this idea and has already started the practice in Malta, but she concedes that it would not be necessary in areas with a crisis team and it should not be used by departments with staff that is not trained for it. Glenda reported that Karl was concerned that Mental Health First Aide was the only requirement, but the request came from an agency with seasoned nurses that are very accustomed to working with persons with altered mental states and it is just an extension to the care that they already do for patients with senility, electrolyte imbalances, or medications with delusional side effects. They also have extensive experience de-escalating and educating families and providing treatment options as they manage the elderly home and community based services. The application will be clarified and re-submitted. It is becoming very clear that the solution for one town might be different from the services needed for another town. The talents of the town persons will dictate the solutions. The point was made though that it is not working for no one to respond and it is hoped that the suicide rate may go down if a caring person responds. We also discussed that Lewistown had reported that they only had one policeman, instead of the ten that they were awarded funds for, plan to attend CIT training. Another department reported that sometimes the officers do not want to be the designated mental health trained cop as it brings responsibilities. Glenda was not here for much of this discussion as she had left the meeting.

The meeting continued with Andrea questioning the history of the LAC funds being split with Eastern receiving \$35,000 and Western and Central each receiving \$25,000. Bill answered that it was because we had the largest number of counties and the most miles to travel. But agreed that it should be revisited. Chris mentioned that Western runs out of money every year. Bill volunteered to discuss with Deb Matteucci that we need to have our funds at the beginning of the fiscal year in July. Everyone had a tale of stalled progress when the money did not arrive until October. Some had canceled meetings; others had to get loans to float pre-arranged activities, and others lost opportunities such as getting a trainer to a scheduled training session...

Chris with the help of Bill and Tom who all serve on the MOHAAC board gave this report from that group. Karl Rosston and the Suicide Mortality Review Team are studying 25-30 different factors about each recent suicide. They have learned that there were 240 deaths in Montana from suicide last year. 33% are lifelong Montana residents, 70% died from firearms, and 1/3 had alcohol involved. 4 were youth that have died in Butte since November. 77% were by men. They continue data collection.

Chris provided information on a free NAMI show called "Call Me Crazy".

Tom wondered if we should push to have the 72 hour holds be longer and we decided to ask if length of time allotted is sufficient or if it has been a problem. Please let us know.

They felt that the panels were not that helpful at MOHAAC and that the first day was a bit of a waste. Glenda gave the forensic report at that event and it was reported that there were 174 licensed acute mental illness beds at MSH. 35 group home beds at MSH campus. In 1993 15-18% of the patients were

forensically committed, but today it is 36%. They have to serve 25% of their sentence before they are eligible for parole. It was noted that it costs \$530 to \$600/day to maintain a patient at the state hospital in contrast to \$70 per day in jail.

It was discussed that Minnesota has developed great housing projects for the mentally ill and that this has proven to decrease E.R. visits. Chris also reported that HUD has 120 million dollars for disabled persons to purchase permanent housing. She is getting the contact information from Danielle.

Reported that 1915 I was a state plan amendment to provide youth services that are not covered by Medicaid, but the funds were not continued and it was suggested that they be reinstated.

MHSP has 473 enrolled and they will get 4000 more slots in January.

Discussed the resperidol lawsuit. The state of Montana received \$1.5 million dollars of a \$5 million dollar suit and the rest went to the attorneys. The money has been added to the Montana Health Trust Fund. The applications will go out in June and need to be submitted in September.

Discussed oversight of the programs that exist. Two people commented that some services overlap and named day treatment and drop in centers as examples. We need to be on alert for the most effective treatments and programs.

Andrea gave a report on the Pre-release centers and stressed that their focus is not on treatment of mental illness. They are controlled and contracted by the DOC. Privately owned by Boyd Andres of the CCC. They are not a solution for discharge of the mentally ill as their programs often do not allow the therapy sessions and care that a patient needs. Noted that there are 6 in the state.

Janice gave a report on the Colorado Mental Health system that is often used as an example. Since the Aurora shooting they have pumped \$25 million dollars into the system. These were the notable solutions and problems that have made a difference and it confirmed that we are following the same path.

- 1) Crisis system-early intervention and jail diversion.
- 2) 24/7 Warm Line that included follow-up phone calls. (Janice told that suggestion to Dan Aune.)
- 3) Community focused care center
- 4) Trained mobile crisis teams.
- 5) Home Care nurses to assist with treatment.
- 6) Treatment of 40% of the people with mental illness, but this is increasing to more of the population now with ACA.
- 7) Medications- research, education, and cost.
- 8) Geographic's-Contrast between Denver and Aurora and between Missoula and Scobey

9) Provider Shortages

10) Stigma

11) Care Transition Issues.

12) Money

13) Olmstead law/ legislation / litigation / human rights

14) Education- families, teachers, mental health workers, Colorado plans to encourage these group to get Mental Health First Aide trained. Bill offered to talk to the school liaison and encourage this idea and possibly get it for a PIR day.

Public Comment- Patti Jacque requested that we specify that we want group homes for the mentally ill that happen to be prisoners, not for the criminal. She added this comment to the previous statement- there are 35 group home beds at MSH, but there are another 35 patients waiting for a bed from the forensic unit and another 35 that are civil commits that need transition beds. We added this need to our legislature request list. She recommends that they look at data to determine what should be built. It was commented that the amount of money that Montana spends on mental illness is high, because patients are in costly institutions instead of in less costly types of treatment.

Patti reported that the ACLU has filed a lawsuit for the Disability Rights of Montana on behalf of patients with mental illness. She has found that the hospital has transferred patients from the MDH to the MSP 10 times and the use of the transfer law continues to be examined. She contends that if a judge orders a patient to the services of DPHHS, then the patient needs to be there and shouldn't be denied services. It is well established that a person gets more mental health treatment at the state hospital than in the prison.

Patti encouraged talking to congress people now. She asked about the date for the follow-up of the Mental Health of Montana's Meeting of the Minds. Later I learned that the event has been canceled as they have decided that it would be a better use of everyone's time to work on individual plans instead of having a large meeting.

She urged us to request some of the surplus money to stabilize this population. She reminded us that the firemen secured an extra \$52 million because they asked.

Tom reminded us that we can educate about the needs in the community and Bill reminded us that we can't lobby.

Janice gave a report from the Interim Law and Justice meeting. They have decided that the parole board does need more oversight. They are considering videotaping the hearings, but in the meantime Dr. Gary Mihelish is doing a great service by attending all of the hearings that take place at MSH. When questioned by the legislators what would help the process he said more input from the social worker and more respect for the professional recommendations. He later told me that they do not ask the

questions that would really help determine if a patient understands and is able to control their disease. I did not ask him to attend today as planned, because of concerns about time, but an update on the re-entry task force will happen in the future.

Tom mentioned that he attended the interview process for the new Community Manager. He discussed that this person will be the CPO's boss. It was discussed that we need to remember that the CPO's all have Waiver program duties also, with the exception of Antonia.

Central is hosting the next meeting and Andrea set the date for July 10th, 2014 from 10-2:30 at the DPHHS building. Chris reserved a conference room. Earlier Bill offered to bring information about the data collection to the next meeting and Chris plans to report of the state's surplus money and plans for it.

Respectfully Submitted by Janice Reichelt,

Legislative Priorities April 10, 2014 Incomplete List

- 1) Medicaid Expansion
- 2) 16 bed treatment bed in Eastern Montana preferably at Glasgow
- 3) Community group homes for the mentally ill
- 4) 1915 I money recovery
- 5) 72 hour crisis money continued and expanded to five days in certain cases
- 6) Forensic group homes-financed by the state, but run through the mental health facility
- 7) Sustainability and dependability of present programs
- 8) Language changed and mental defect substituted with behavioral mental illness
- 9) Peer support funding (this may need to be a line item in the DPHHS budget)
- 10) Support of all prevention and early detection and best practice methods of treating mental illness
- 11)MHSP waiver expansion