

February 2, 2015

Mental Health Summit Minutes for January 22, 2015

Attending: Bill Hodges, Acting Chair, Janice Reichelt, Sec.t-Eastern, Chris Glines-Western James Gustavson, Andrea Lower, and Patty Jacques-Central, Jane Wilson-DPHHS Repr.

AMDD report- Montana State Hospital has a census of 244 and are licensed for 189 beds. Legislature is meeting and they are very busy attending sessions to provide information if requested. Jane reported that there are two new LAC's in Chinook and Teton County and in Hays.

Eastern-We have noted that much of our focus has been towards mental health awareness. The mental health first aid classes have continued to expand. We have a new applications to pilot a behavioral youth program.

We recognize that there is a concern about future board members as many term out at the same time and that LAC attendance and action is paramount to the success of the programs.

We discussed the concern that people's conditions are being exaggerated in an effort to make them fit a program. This practice hinders the same person in the future when they are categorized negatively and incorrectly. Ex. Children labeled with a mental illness that really have a behavioral problem that will improve with maturity in order to fit into a school service program.

Discussed the Murdock trust.

Central-Andrea talked of strategic plans, recruitment, and membership.

Western-They have continued to increase their knowledge of available services by having guest speakers. Continue to work on the website. Have spent less CSAA funds on meetings and more on mini-grants to foster programs.

MOHAAC-They haven't met since October. Marlene Disburg-Ross is no longer managing that program. Chris Bates remains the chair. Sen. Webb and Repr. Nez Perce have expressed an interest to have input on mental health issues. A planning summit is planned for May 20, 2015. Chris, Bill, and Andrea continue to represent our group.

Janice motioned that the minutes be approved and Chris seconded it and all were in favor.

Legislature Report-Patty Jacque requested information on the AMDD budget item of peer services. \$700,000 has been allocated and none of it is to be utilized to employ peers. Studying for best practices is repetitive as we already know that housing and jobs help recovery and stabilization.

Discussed upcoming bills HB 34, HB35, and HB36 for crisis services, expansion of community services, and more transitional beds for \$3,200,000 that the legislators has suggested vs. \$12,000,000 that the governor has budgeted with \$7 million to Home and Com. based services and the rest to increase the role of the institutions. Testimonies underlining the problem of having providers being paid poorly was also heard at the capitol. It was reported that there are approximately 6000 MSHP waiver reciprocants at present.

Discussed that Repr. Noonan is to pack the Medicaid expansion bill. Support encouraged.

Returned to the peer support issue. The task force continues to hit road blocks that we do not feel are insurmountable. The problem of the DPHHS ARM needing revising to include peer support was mentioned. The problem of standards was discussed as some require 40 hours to 102 hours for the same title, but these administrative rules could be mastered also. It was reported that the HCBS Waiver is being re-written with peer support included. Encouraged the peers to continue to push on. It was reported that the task force have 15-18 people that meet on a regular basis.

Noted that in the past many county commissioners authorized dollars to be used to support mental health services, but some of the counties never receive services. One of the plans is to allow the counties to control that funding in the future so that it will better serve the local people. It was noted that the mental health services need accountability.

Discussed the recent instructions form on our role when presenting at the legislature. We can testify "as a member of an LAC", but we cannot be "on behalf of the LAC". LAC's are not a non-profit and they do not have an EIN.

Reviewed the current law-suit by Disability Rights of Montana on behalf of the patients that cannot speak for themselves. The interpretation of 46-14-312 whereby a patient could be transferred from the MSH to the prison, but cannot find a way to have the person be transferred back. Extensive and damaging isolation techniques are used. The patients are often transferred while in extreme mental psychotic states. The care of the Guilty, But Mentally Ill patients was also reviewed.

Discussed Objectives for the year 2015 for our group

1. Programs-Improving and expanding at all levels.  
Stabilization of key DPHHS positions and transparency.  
Bill will volunteer to represent us during the hiring interviews of the upcoming division chief Interviews. He also volunteered to pin a letter to DPHHS requesting a representative from DPHHS to attend the entire meeting. Expressions of gratitude to Jane were included for her attendance.
2. Communication-Continues to need to improve between AMDD, SAA, Mohaac, and the other advocacy groups. CPO duties were discussed and the possibility to involve them in more areas.
3. Better record keeping to support needs like housing, to validate activities of LAC's, etc.
4. Generalized plan to improve our leaders and to increase the number of members and their level of participation.

The next meeting will be on April 26, 2015 with AMDD hosting. Possible speakers that may be asked to attend include Karl Rosston, Mignan Waterman, and Matt Kuntz.

Respectfully submitted,

Janice Reichelt