

**MHOAC – Mental Health Oversight Advisory Council**  
**War Bonnet Inn, Butte**  
**September 7-8, 2011**

**Members Present:** Christine Bates, Tom Camel, Chris Daem, Pat Fandrich, Bill Hodges, Suzanne Hopkins, Andy Hunthausen, Esther Kramer, Brandi Long, Melinda Mason, Dorothy McCartney, Michelle Miller, Bob Ross, Jo Shipman, Geri Stewart, Lou Thompson, Patrick Wayne

**Absent:** Leslie Edgcomb, Jim FitzGerald, Mick Leary, Deb Matteucci, Gary Popiel, Diane Sands, Karen Ward

**AMDD staff:** Marlene Disburg Ross, Yvonne Gentile, Ellen Goodnature, Glenda Oldenburg, Kristina Gillispie

**Guests:** None

*MOTION to approve May 3-4, 2011 MHOAC minutes without correction: A. Hunthausen / J. Shipman*

**Lou Thompson, Administrator – AMDD**

- Addition of Dr. Lee Simes to AMDD Administration, as AMDD Medical Director.
- Missoula CPO position will be filled soon.
- Recovery Request for Proposals. RFP will focus on supported employment or Drop In Centers.
- Clarifying/Updating PACT: Amendment to Administrative Rules of MT planned to update standards. Public comment available as part of statutory process.
- Co-Occurring Transformation Team: Defining standards to move towards evidence based Integrated Dual-Diagnosis Treatment.
- Individual Placement & Support (IPS), an evidence based employment model training was provided through Dartmouth University.
- Peer Leadership & Advocacy Training provided May, June & July.
- Settlement Trust Grants to AMDD: <http://www.mmhst.org>
  1. MT State Hospital - Greenhouse
  2. Lewistown: Allow them to update food service schedule to move from a 3-meal to a 5-meal plan.
  3. Suicide Prevention (Karl Rosston): Enhancement of current efforts through media such as Facebook and Cha-Cha (a social network page primarily used by teens) geared towards individuals aged 18-35 and also for those in or related to military service.
  4. AMDD Butte: Basic mental health training for all those working through the AMDD home and community based waiver program.
  5. Great Falls: Youth Transitions
- Veterans' Grant: Has been funded for the second year. VA from DC visited to discuss progress on the grant. Seeing as model program for service delivery to very rural communities. Discussed rules/regulations for next grant procurement; keeping in mind Montana's experiences and successes. AMDD has been asked to provide technical assistance from Virginia officials regarding Montana's collaboration with law enforcement.
- Chapel dedication for MT State Hospital scheduled for early October.
- Census at MT State Hospital: 145 (licensed capacity: 201)

## **Robert Runkel, Administrator – Developmental Services Division**

- Modeled a manual for providers to help them better understand different diagnoses, different types of providers, links to information, and methods to bill for Medicaid, etc.
- Working on children’s mental health services matrix with Dan Ladd and Bonnie Adee. CSCT program (school based mental health system) has not been included on the matrix.
- Long-range goal for CMH: is an integrated system of services that support children and families.
- Wraparound services: Integration of services has changed focus from agency structures to actually looking at each child at a time (emphasis on building family support).
- Wraparound is an evidence based practice. A specific set of skills applied consistently will produce an expected result (fidelity). <http://www.dphhs.mt.gov/mentalhealth/children/wraparound/index.shtml>
- Wraparound result of a demonstration grant from Center for Medicaid – Medicare Services. The demonstrating grant ends September 30, 2012. Will need to apply for extension of authority to continue services past 09/30/12. DSD looking at remodel of basic menu of services for children to include a wraparound system; may be through amendment to the state plan, redefined existing services offered, etc. A sustainability plan was submitted to CMS 4-5 months ago.
- Meta Study on Wraparound outcomes. (*Bob R. will email data to Patrick W.*)
- Current model is restricted to pilot sites only. The standard for referrals is that the individual has to be diverted from a psychiatric treatment facility.
- School based mental health (CSCT): This is the largest children’s mental health program in Montana. \$27 million dollars are used to provide services for children. If the match is included, it would increase to 32-34 million dollars/yr.
- University of Montana study on CSCT outcomes and administrative rule changes: <http://www.opi.mt.gov/pdf/SpecED/Links/AdvanceSchoolMentalHealth.pdf>
- HB 565 passed in 2011 Legislature. Bill directs the state to limit the number of kids that are placed in out-of-state facilities. Will require division to review a pool of qualified providers to support kids in-state in lieu of out-of-state placement. Expect to develop a set of administrative rules and procedures to allow in-state providers to serve those children that would have been otherwise served in an out-of-state placement.
- Montana Developmental Center. 85-95% of individuals served have a co-occurring mental illness. Working to build MDC into a “center of excellence;” in part through overriding values and a new mission statement that speaks to client centered goals focused on enhanced treatment strategies. Division has hired new staff to assist with this process including: Polly Peterson, Gene Haire, Dan Ladd and Dan Carlson-Thompson. Will be moving 12 individuals into community facilities; moving bed capacity from 68 to 56 and increasing staff to client ratio.
- Statistics regarding PRTF placements will be provided.

## **Montana State Hospital**

- Met with Resident Council / Janette Reget explained the council’s function.
- Five council members shared their life story.
- Toured the facility
- Toured new chapel.

## MHOAC - September 8, 2011

Absent: Christine Bates, Marlene Disburg Ross, Glenda Oldenburg, Bob Ross, Lou Thompson

### Committee and Taskforce Reports

#### Michelle Miller –Development

- Working on member attendance policy. Will email draft and propose vote on the revised policy at the next meeting. Recommending action by Chair if miss two consecutive meetings, without reasonable cause, to determine member continuation on Council.
- Conference call attendance: 50% Absence from committee calls will have to be addressed by Committee/Taskforce Chair.
- Conflict of Interest Policy: Addresses sale of goods at council meetings. Recommending no sale during Council meetings. Member can solicit product interest.
- Some of the council members' terms will expire in 2012. Committee will contact re: continuation of term.
- Nominations for criminal justice positions: The nominee can be someone who works for the Justice Department, Attorney General, Law Enforcement or Department of Corrections. Please make sure, however, to check with the person prior to nominating them to be certain that they want to be recommended.

#### Melinda Mason – Advocacy

- Committee would like to pursue committee appointments be advertised in newspapers. Would like to use PR to advertise the Council goals.
- Dorothy McCartney will come up with the suggested copy template, which will be sent to Marlene & Lou to forward to the Governor's Office.
- Recommend MHOAC set the date for the next summit meeting.
- Include coordination with NAMI as a Committee goal. Request NAMI present at next MHOAC meeting.
- Goal of committee participating in budget process discussed.
- Discussion of goals of other advocacy groups: i.e., Recovery International, and how MHOAC Advocacy Committee can collaborate with these groups.

***Motion: Hold Summit February 16, 2011 – Hodges/Hunthausen - Passed***

#### Bill Hodges – Block Grant and Housing-Employment Taskforce

- 1.2 million dollars have been allocated by SAMHSA for four categories (*please see the Mental Health Block Grant Application for more information.*)  
<http://www.dphhs.mt.gov/mentalhealth/adult/performancepartnership.shtml> Montana addresses two categories. Un/underinsured and services not funded by Medicaid/Medicare.
- Recovery grants are available to fund several projects for employment and drop-in-centers. Potential \$345,000 available. Need to monitor outcomes.
- Discussion re: additional Council meetings – Bill provided status update.
- Coop house in Missoula funded by Mental Health Trust Fund.

#### Melinda Mason – Crisis Taskforce

- Discussion on children's crisis services.

- Gathering info concerning private sector and crisis services (emergency room), i.e. Blue Cross / Blue Shield. Would like to consider a presentation by Blue Cross/Shield to Crisis Taskforce.
- Would like to get information on Healthy Montana Kids Plan and crisis services.
- Reviewing CIT Training with Deb Matteucci and input.

*The following info will be considered for deletion from goal/objective list:*

- Academy expansion to include CIT (Memphis model)
- Address funding and training of personnel
- Explore certification: Requirements for First Responders (law enforcement & medical)
- EPP request for training video (web based for rural communities)
- Collaboration with NAMI, Legislature, DPHHS and counties.

#### Joe Chalupa – Transitions Taskforce

- Still working on recruitment of a Co-Chair
- A letter requesting a rule change has been sent to Anna Whiting-Sorrell. The letter suggests that youth be able to have “adult” diagnosis by 17.5 to help ease the transition into adult services. MHOAC will be informed how the letter was received.
- Discussion re: the youth’s diagnosis change might be good, this might also increase the chance of lesser problems being missed.
- A conference call has been scheduled for October 7, 2011 at 9:00 am with the Director.

#### SAA Updates

##### Jo Shipman – Eastern SAA

- ESAA allocates \$17,850.00 annually to 28 counties in grants Many grant requests used to update literature.
- Last fiscal year grant funding supported the CIT training in Billings, and various community mental health center learning libraries, along with domestic violence training/conference, grief counseling, and mental first aid training in Richland county.
  - Approximately 95% of the ESAA board is present at monthly board mtgs. with a majority conducted via tele-video conferencing.
- Working to increase LAC attendance - attendance wanes over time.
- 11% growth in local advisory membership across SAA.

##### Geri Stewart – Western SAA

- Not a very good turnout at LACs
  - ✓ Bitterroot has two new members
  - ✓ Kalispell – Matt K. – Peer 2 Peer Training
  - ✓ Libby – trying to get pharmacist and sheriff’s office to present
  - ✓ Missoula – Lack of participation
  - ✓ WRAP Training conducted in Polson.

##### Jodi Daly – Central SAA

- Six (6) LACs in place: All at different operational levels
- Gallatin and Park counties have seen good stakeholder involvement (lots of consumers).
- Center for Mental Health, Helena – the transformation/stabilizing is happening slowly.
- CSAA transformation: 9-10 new members as well as a completely new executive team.
  - ✓ Strategic planning regarding the drop-in centers, peer services and housing.

- ✓ Strong crisis subcommittee.
- ✓ Topics of discussion: CIT Training, Supported Employment (local consumers have a voice), service animal training and tobacco cessation.
- CPT codes have been available for billing but somehow the MHCs have been excluded from this practice.
- Comments re: success of LACs include design/structure and how supported by community.
- County commissioner and other county supports will impact success.
- Lewis & Clark County is modeling their LAC after the Gallatin County LAC.
- Andy H. willing to bring models to Montana Association of Counties re: support to LACs in CSAA region.

### **Out-of-State Placements – Bob Runkel, Administrator DSD**

- Small percentage of total budget; although sensitive issue.
- Economically sending service dollars out of state; emotionally sending children away from community and families.
- Must have commitment to keep youth in state. Montana Youth Initiative provided checks and balances to serve children/youth in state when possible. Report required to Legislature on placements (broad group of those placing and reporting).
- Youth placed out of state through medical necessity requirement – paid through Medicaid. Must show an in-state facility cannot provide medical necessary services.
- Several factors can impact the number of children placed out-of-state.
- In-state beds are often filled by out-of-state placements.
- Reasons why kids are being treated in out-of-state facilities:
  - ✓ they may be very aggressive and cannot be managed safely (may be substance use and home environment related);
  - ✓ children/youth are nonresponsive to treatment.
- Discussion on incentives for in-state treatment.
- Magellan Health Services (contract utilization and review) has indicated inspection of in-state and out-of-state facilities show what goes on at the out-of-state facilities once a child is placed there is largely unknown. DSD will be conducting a sampling of facilities before July 1, 2012.
- Native American programs in place in Great Falls and Billings.
- Options to in and out-of-state facility placement: Use of Wraparound Services; Therapeutic Group Homes

Bill Hodges suggested writing a thank you letter to the Resident Council at MT State Hospital on behalf of the MHOAC. This was unanimously approved. Potential agenda items:

- Review SAMHSA Best Practices
- WRAP as an evidence based practice
- Recovery grants: Outcomes

The discussion on Criminal Justice personnel training will be scheduled with Gary Popiel.

Recommended that the next MHOAC meeting take place in January of 2012 – no date has been set.

***MOTION to request reply to letter asking for more meetings NLT next week: B. Hodges / C. Daem***