

**Mental Health Oversight Advisory Council (MHOAC)**  
**Hampton Inn, Helena**  
**May 3, 2011**

**Members:** Christine Bates, Meghann Butler, Chris Daem, Pat Fandrich, Tom Camel, Sara Casey, Leslie Edgcomb, Jim FitzGerald, Bill Hodges, Suzanne Hopkins, Andy Hunthausen, Esther Kramer, Melinda Mason, Deb Matteucci, Dorothy McCartney, Michelle Miller, Bob Ross, Jo Shipman, Geri Stewart, Lou Thompson, Jacob Wagner (for Molly Protheroe), Karen Ward, Patrick Wayne

**Guests:** Anna Whiting-Sorrell, Todd Harwell, Dan Ladd, Charlie McCarthy, Mary Noel, Sharon Odden, Alicia Pichette, Natalie Radorni, Anita Roessman, Vicki Turner, Jacob Wagner

**Not Attending:** Gary Popiel, Molly Protheroe, Bob Runkel, Diane Sands

**AMDD staff:** Marlene Disburg Ross, Yvonne Gentile, Antonia Klein, Bobbi Renner, Ellen Gartner

**Anna Whiting-Sorrell, Director, Department of Public Health and Human Services**

- Budget (at present \$1.6 billion), implementation of budget for 20 months. Services are being rendered despite these cuts.
- Co-Occurring and Substance Abuse programs: MCDC is funded through the next biennium; future studies will take place.
- Managed Care:
  - ✓ Questions regarding bills the governor received from House and Senate – outcome unclear
  - ✓ Costs paid through Medicaid: Study still ongoing
  - ✓ Negative responses from consumers but the goal is to cover everyone so families won't be bankrupt
  - ✓ 30% of programs (such as Healthy Montana Kids) are supported, even in rural hospitals
  - ✓ Sensitivity towards other cultures is essential in terms of services rendered
- Vacancy savings: 4% to date but will need permanent reduction of FTE base
- Healthy Montana Kids: More children than ever have been enrolled this year
- Big Sky Rx has been fully funded
- Affordable Care Act:
  - ✓ Public comment - very little consumer feedback
  - ✓ Not in effect to date; working on MT health exchange, setting up web portal
  - ✓ Still need interchange between Medicaid and health exchange
  - ✓ Legislature against MT participating in this plan – Monica Lundeen has not been given any authorization; federal government will create health exchange; will pay health insurance cost over next 10 years
- Poverty level figures: \$56,000 for a family of four – 250% level of poverty
- MHOAC's function/purpose: Under state and federal statute
  - ✓ DPHHS has 60+ councils, taskforces, etc. Wendy Nicolai will investigate the boards as their rolls need to shift/change

## Committee and Taskforce Reports

### Block Grant – Bill Hodges:

- Had conference call with federal reviewer who wanted to know about the emergency matrix: Per DES, 56 counties are involved in this so far.
- Bill will attend the Block Grant Conference in D.C. the last week of June.

### Development Committee – Karen Ward:

- AMDD has developed draft policies and procedures and presented to the Committee for review, edit, and further development.
- Attendance and Conflict of Interest will be reviewed first.
- Upcoming elections: Seven people's terms are up next year (June 2012)

### Advocacy Committee – Bob Ross:

- Teleconferences will be held on the first Tuesday of each month at 11:00 am
- Advocating for quarterly face-to-face meetings.
- Cost for each meeting: \$4,000 - mileage is the majority of the expenses incurred
- Discussion on: MHOAC, SAAs and LACs – Need to streamline interactions – not communicating as well as would desire.
- The function of the council is inhibited as there is no budget per se – SAAs and LACs need to be integrated to really make a difference in care and services

### Lou Thompson, AMDD:

- HB 218: The governor received the report concerning advanced psychiatric care for people with a mental illness
- SB 28: Formula based on number of admissions
- SB 76: Access to probation and parole – signed by governor
- Suicide Prevention Counselor: Invited to be part of national taskforce concerning suicide prevention activities for the elderly
- MHSP Waiver:
  - ✓ Move up to 800 people from MHSP to Medicaid - to date, 250-300 have been transitioned
  - ✓ A new person at OPA will be trained for three months in order to be able to expedite the considerations of eligibility
- Rural Veterans' Grant (Deb M.):
  - ✓ The grant was awarded in October 2010; it will run for three years
  - ✓ This grant will help veterans who fought in Operations (1) Iraqi Freedom and (2) Enduring Freedom. It has three parts that will be set up:
    - Training: Crisis intervention for EMS, etc. to recognize PTSD, TBI, etc – also for critical access hospitals
    - Telemedicine: Funding in 16 hospitals
    - Teambuilding: Work together with all the necessary organizations as well as other veterans to learn to understand as well as help to improve the situation
- Privatization of MCDC: Will not be considered at this time
- MHSP: Effective April 1, 2011, licensed mental health centers will provide services to MHSP eligible consumers under a fixed price contract. Prescribers will remain on a fee-for-service payment agreement.

## Taskforce Reports:

### Transitions Taskforce – Sarah Casey:

- Presented supporting recommendations for transitions (*on file*)
  - ✓ 1<sup>st</sup> Recommendation (for youth to receive a “redetermination” NLT age 17.5): MOTION to accept this recommendation without any change: Ward / Casey
  - ✓ 2<sup>nd</sup> Recommendation (for the DPHHS Youth Transition Workgroup to continue to meet on a monthly basis): MOTION to revisit this recommendations and develop it more precisely: K. Ward/ Butler
  - ✓ 3<sup>rd</sup> Recommendation (write letter of support and appreciation to DPHHS’ Voc Rehab Program): MOTION to have Jim draft this letter: K. Ward / B. Ross

### Housing Taskforce – Bill Hodges:

- Developed a spreadsheet on housing resources
- Set up a webinar for more education – contact Leslie Edgcomb for this

### Crisis Taskforce – Melinda Mason:

- Ongoing teleconferences where the following issues are being discussed:
  - ✓ Improving children’s crisis services, such as CSCT, WRAP, hospital placements and psychiatric beds – plan to consult with Department of Licensing
  - ✓ Crisis Intervention Training (CIT)
  - ✓ Shortage of acute care beds

*Transcribed: 05/05/2011 – ydg*

**Mental Health Oversight Advisory Council (MHOAC) - Hampton Inn, Helena  
May 4, 2011**

MOTION to approve October 26 – 27 minutes without correction: K. WARD / B. ROSS

**SAA Reports:**

Geri Stuart, WSAA:

- LACs are inviting community resource agencies to present.
- Director of St. Patrick's in Missoula presented to Missoula LAC. There was discussion on different color hospital gowns required for those admitted for mental health problems. Antonia Klein offered to research information on violation of client rights.
- Missoula LAC has formed a Hospital Admissions Committee. The Committee will work with hospitals in the areas of stigma and increasing collaborations.
- LAC members having difficulty sustaining NAMI Connection support groups due to lack of participation.
- Bison Internet Case will close due to no funding.
- Letter submitted to County Commissioners requesting their participation and working to find solutions to current concerns.
- Trust Fund awards: Community garden in Superior and Crisis Stabilization Facility in Hamilton.

Jo Shipman, ESAA:

- The annual SAA congress will be held in Miles City this year
- Reports on SAA grants

Jacob Wagner, CSAA:

- Congress will be held in June
- Attended CIT 6 weeks ago; did a presentation for the new jailers in Bozeman with great results
- Development and other grants are being discussed
- More LAC work needs to be done regarding the input by the local communities
- Drop-in centers are being run by peers, which is a good way to have people help themselves
- Plans are in plans to build one 4-plex and one 6-plex; the grant was awarded and the city helped out with \$100,000
- Collaboration with different groups concerning crisis situations is important

**Montana State Hospital – John Glueckert, Administrator, Montana State Hospital**  
*(presentation on file)*

- Presented the history of MSH
- Provided data on utilization/census, commitments, discharges, etc.
- Presentation available on request.

**Physical Health and Mental Health Integration**

Todd Harwell, DPHHS, Public Health and Safety Division *(presentation on file)*

- Mental Health Cessation Pilot Project
- Brochure on cardiovascular disease and diabetes prevention
- Plan concerning interfacing health programs and

- Data regarding tobacco dependency and mental health (*please see attached*)

Mary Noel, DPPHS, Health Resources Division

- Service integration through Medicaid and Early Periodic Screening Diagnosis and Treatment (EPSDT) – (*on file*)

Dr. Virginia Hill, Montana State Hospital

- Nothing could be more timely than making the integration of physical and mental health care a priority
- Persons with SMI have a significant physical problem about 50% of the time
- Persons with SMI die, on average, 25 years sooner than the general population
- The physical problems they have reflect those found in the general population, but at a higher frequency: cardiovascular disease, pulmonary disease, diabetes, hypertension, infections
- Many of these diseases stem from the top leading causes of death in U.S.: tobacco use and obesity
- Persons with SMI have a genetic vulnerability to chronic physical diseases, including obesity heart disease, and diabetes, regardless of their treatment history
- The reason persons with SMI are lost in “health care limbo” can be traced to patient factors, provider factors, and limitations of the health care system
- Patient factors include: poor nutrition; obesity; sedentary lifestyle; disproportionate use of cigarettes, alcohol, and drugs; medication side effects; cognitive limitations imposed by their psychiatric illnesses so that they don’t make appointments, don’t follow medical regimens
- Provider factors include: stigma/discomfort treating persons with SMI
- System factors: separation of physical health care from mental health care; fragmented funding; no incentive to become nondisabled – to do so would result in losing the minimal health care insurance you have, so why get well
- Persons with SMI are nearly always prescribed psychotropic medications, and with the advent of atypical antipsychotic medications beginning in the early 1990’s it became apparent that although patients found the side effects overall more tolerable, weight gain was a significant problem
- Each antipsychotic medication effects brain neuroreceptors differently, and it is believed that some of the newer, atypical antipsychotic medications have particular affinity for neuroreceptors which stimulate appetite (adrenergic, dopamine, histamine, muscarinic, and serotonin)
- Weight gain is mediated by increased calorie intake and decreased caloric expenditures
- Metabolic Syndrome is the term used to describe a group of risk factors that make a person more vulnerable to heart attacks and strokes; those risk factors include abdominal obesity, elevated triglycerides, decreased HDLs, elevated BP, and elevated fasting glucose
- 22-24% of the U.S. population have Metabolic Syndrome – that’s 47 million people (2/3 U.S. citizens are overweight or obese)
- REMEDIES
  1. Persons with SMI need a “Medical Home”
  2. NAMI has a “Six Weeks to Wellness” program
  3. At MSH, tobacco was eliminated, dietary offerings improved, there are many more lifestyle modification groups, we initiated Metabolic Clinics, and there has been a much greater emphasis on exercise (30 minutes of moderate intensity exercise per day)

4. Certainly, medications should be adjusted if they can be
5. Primary management of the Metabolic Syndrome should be to reverse its root causes – overweight/obesity and physical inactivity
6. Niacin, statins, fibrates, and ASA

### **Montana Mental Health Settlement Trust, Justice Warner**

- A lawsuit was filed against Eli Lilly who had distributed Zyprexa off-label and the lawsuit was settled for \$11 million
- The trust amount is \$9.5 million – trust is held by the State Investment Board, which is unique to Montana and the Federal Court in N.Y. - trust expires on December 31, 2012
- About 75 out of about 220 applications have been accepted
- The money will be distributed to several departments within each organization
- Quarterly meetings with the trust committee are being held to best serve the interests of all parties involved
- For updates regarding the applications, please visit <http://www.mmhst.org>
- No open meetings will be held as there is a conflict of interest
- If the trust is unable to distribute the money evenly between the applications, an endowment, etc. can be created in order to extend the duration of the trust

### **Public Comment**

Anita Roessman, Disability Rights Montana

- Legislation on Psychiatric Advanced Directives has been signed by the Governor
- A person with mental illness can appoint a “principal” to safeguard them in a time of crisis
- Plan is to do some “beta-testing” to assess process
- Commented on SJ 30 Interim Study Resolution for Child Trauma

The next MHOAC will be held in late September

*Transcribed 05/06/11 and 05/10/11 – ydg*