

MENTAL HEALTH FOCUS SUMMIT
Mental Health Oversight Advisory Council (MHOAC)
February 11, 2010

Facilitator's Summary

SESSION OBJECTIVES

1. Review progress regarding past MHOAC recommended priorities for Montana's mental health system.
2. Establish criteria for recommending 2010 priorities.
3. Come to general agreement on adult and children mental health system priorities to recommend to DPHHS and the Governor's Office.

COMPLETED AGENDA ITEMS

Reviewing Progress Regarding the 2008 Recommended Priorities

Identified Progress Included:

- Establishment of seventy-two hour crisis assistance
- Implementation of a local/community-based model in many places in the State
- Communities engaged in the system
- A more safe and secure State Hospital

Critical Needs in Montana's Mental Health Care System as Identified by Various Mental Health Interests on the Summit Panel

Mental Health Oversight Advisory Council (MHOAC); Regional Authorities; Consumers

Identified Priority Needs

- Don't lose existing funding; use those dollars for:
 - MHSP – Baseline psychiatric services and counseling costs
 - Peer support and day treatment centers because they are cost effective
 - Maintenance of local crisis beds

Mental Health Support Organizations/Associations

Identified Priority Needs

- Continued support of crisis service in communities
- MHSP – Prioritize diagnosis; 140% poverty level
- Peer services across the continuum.

Youth System

Identified Priority Needs

- Look differently at how we diagnose and treat children versus adults and change the statutes accordingly.
- Look at more evidence-based practices to include:
 - MST, MFT, FBS
 - Working in natural settings for children – home, school, etc.
 - Shift funding to increase school participation.
 - Incentivize supporting families and schools
 - Trauma informed care
- Formally facilitate better integration between/among CFS, Juvenile Justice, Protective Services, and all children’s programs – “How can I collaborate” so we have better results/situations for youth?
- Increase crisis center availability or stabilization in other settings for youth using existing funds.
- Improve “foster” capabilities/situations in the State.

Providers

Identified Priority Needs

- Change overregulation/ineffective regulation (payment silos; civil commitment; transparent payment methodology/accountability).
- Continue enhanced commitment to local/community-based services including partnerships which are supported from the state level through all systems.
- Maintain gains – no going back.

Law Enforcement and Corrections

Identified Priority Needs

- Avoid cuts of local services.
- Continue local crisis stabilization especially for youth.
- Clarify the definition of mental illness in the statute including youth and adult.

Elected Officials; County/State Government

Identified Priority Needs

- Find ways to identify those most in need and spend resources there, first.
- Work on the system toward better integration and collaboration for services and funding.
- Don’t do cost shifting to solve problems.

Suggested Criteria to be Considered in Determining 2010 Mental Health Critical Priorities

Working in their interest groups, Panel members suggested the following criteria for identifying 2010 priorities:

- It supports a community model - local/community focus and services with state partnerships.
- It provides consistent support over time (i.e., case managers; support persons; peer services).
- It supports early intervention.
- It does not just protect “business as usual”.
- Evidence-based analysis/practices are used.
- It is essential, sustainable and consumer oriented.
- It makes services more accessible to the consumer.
- Don’t do cost shifting to solve problems.

Coming to General Agreement - Panel Recommendations on Broad 2010 Mental Health Priorities (priorities are not in rank order)

Recommended Funding Priorities

- Continue state partnerships and commitment to funding/planned funding for local, community-based services including local crisis services for youth and adults. Support House Bill 130.
- Increase crisis center availability or stabilization in other settings for youth using existing funds.
- Concentrate funding on baseline services for those most in need (psychiatric services/counseling).
- Recognize the importance of local day treatment/peer services to consumers (per public comment).

Recommended Statute Changes

- Clarify the definition of mental illness in the statute including youth and adult.
- Look differently at how we diagnose and treat children versus adults and change the statutes accordingly.
- Examine statutes regarding “youth court” and youth definitions and re-structure for improvement.

Recommended System Examination/Restructuring

- Implement a process that examines and restructures the overall system by changing overregulation/ineffective regulation (payment silos; civil commitment; transparent payment methodology/accountability; barriers to “wrap-around” family services, etc.). Results of the process should be better integration, collaboration, and leveraging for services and funding.
- Implement a process that examines and restructures the youth system for better integration between/among Family/Protective Services, Juvenile Justice, and all children’s programs. Results of the process should include a mindset of “how can I collaborate” so we have better results/situations for youth?
- Explore and adopt ways to apply the concept of “best practices” in the most useful strategies for children and adults.

The following items were identified as needing further discussion:

- Assure a consistent commitment process and that it is exercised consistently statewide.
- Consider expanding legal timeframes for clinically determined 72 hour detention.
- Consider expanding the 72 hour detention to include involuntary.
- Consider expanding the definition of “professional person”.
- Consider expanding emergency criteria – “gravely disabled” with definition.
- Work with consumers as these issues are discussed.

Where do we go from here?

- The facilitator will prepare a session summary and provide them to the Mental Health Oversight Advisory Council and the Department of Health and Human Services.
- The final summary of the meeting will be sent to Panel participants and observers.

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Public Comments were taken in the middle of the session. Some members of the public submitted written comments while others only delivered their comments orally. The following is a sampling of the public comments received orally.

- Case management, DBT and day treatment are important services.
- Day treatment provides consumers with groups and resources to help.
- We need to support the following: Vocational program and case management; community-based rehabilitation; the Workers Now program; homeless resources; day treatment; and Medicaid buy-in.
- The importance of multi-cultural competency should be recognized in mental health services.
- Mental health services should include a spiritual aspect with Native Americans rather than just the “white person’s” mental health care model.
- We need better services – not just more.
- WRAP – recovery models are important.
- The children’s mental health system has fewer resources and that should change.
- Early intervention and prevention efforts and resources will assist in mental health at all ages.
- Mental health issues arise on a wide variety of circumstances – some need daily services.
- River House groups are important mental illness services.
- The day room is a safe place to talk to peers and get support. Because of my experience in the program, I am now a peer specialist.
- Because of day treatment therapy and recovery concepts and skills, I’m no longer homeless or incarcerated. These have helped me integrate into the community.
- From a County Attorney’s perspective, we’ve seen improvements in crisis response with House Bill 130 funds.
- Local crisis beds divert individuals from the State Hospital and keep them in the community.
- Transition for youth has to be a priority. We have 15,000 youth with disabilities in Montana schools. We need to assist with getting information on transition services and self-determination for youth with disabilities.
- Day treatment is important support for consumers.
- Restructuring day treatment to be recovery oriented has resulted in people getting jobs through Workers Now.
- Day treatment is family-centered and recovery-oriented – not just symptom treatment.

Public Comments (names may be misspelled) were delivered orally by:

Shelly Banta MSN, RN	Connie Bauer	Thomas Camel
Eva Cleeland	David Coccrel	Sarah Crook
Roger Hanlin	Sandra Hanlin	Terry Huffine
June Hermanson	Patrick Husky	Mark Kinness
Colleen McGerra	Tammy Mitchell	Tim Neary
Pam Ponich	James Reiss	Francine Sayler
Carly Swanson	Sunny Terry	Thomas E. Thompson
Gary ATravis	Laurie Voight	Dan Wabb
Sarah Webey	Jeff _____	