

Mental Health Overnight Advisory Council (MHOAC)
Best Western Great Northern Hotel
Date: July 14, 2015

Council Members Present: Christine Bates, Bill Hodges, Melinda Mason, Dorothy McCartney, Gary Travis, Chris Glines, Representative Carolyn Pease-Lopez, Donna Zook, Sydney Blair, Lenore Myers, Zoe Barnard, sitting in for Rebecca de Camara, Andy Hunthausen, Glenda Oldenburg, Malayia Hill, Bruce Brensda, Adrienne Slaughter sitting in for Connie Winner, Cindy Smith sitting in for Andrea Lower

Guests: Mandy Winegardner, Claire Leonard, Kandis Franklin, Dennis Nyland (Mental Health Ombudsman, Janette Reget (Board of Visitors), Brenda Roche, Sue Anderson, and Donna Huston (Center for Children & Families), Patti Jacques, Bernie Franks-Ongoy (Disability Rights Montana), Sue O'Connell (Legislative Services), Jaci Noonan, Mary Caffero and Matt Bungi (AWARE).

AMDD Staff: Marlene Disburg-Ross, Antonia Klein, Carrie Lutkehus, John Gluekert, Bobbi Perkins, Jackie Jandt, Cindy Dallas

The meeting was called to order at 9:00 a.m. by Chairwoman Christine Bates

Review Previous Business: Motion to review/approve minutes with no corrections. Motion passed by Hodges/Zook

Children's Mental Health Bureau Update, Zoe Barnard

Update on out-of-state placements

- Cottonwood Youth Center closed
- Copper Hills Youth Center received license review in March and had deficiencies. Did not share the information with MT Medicaid. As a result, 27 children in May were moved from the facility; 12 of them transitioned into a lower level of care or home. Remainder transitioned back to Montana.
- Instituted a process where staff follow all out of state placements. Eventually will follow all children in residential treatment.

Legislative Update

- HB 422 – Improve outcomes for youth in the Children's Mental Health System. Look at what services look like and what agencies are providing services to children.
- RFP went out on Friday for Youth Crisis Diversion Grants. Received 1.6 million in funds this session. Looking for community programs to fill in service gaps.
- Pilot program for substance abuse and mental health for children with co-occurring disorders being served in homes. Currently have two pilot programs; Missoula and Helena. Working to make this program more substantial. This is through a grant from SAMHSA that officially ends 9/29/15, but we anticipate a one-year, no-cost extension. Age range is 12-18. We were just awarded a second SAMHSA grant to serve transitional age youth 16-25 with co-

occurring disorders in four sites—Havre, Billings, Great Falls, and Helena—with a medical home model.

Certified Behavioral health Center - Grant Opportunities

- Treatment from birth to death for all behavioral health needs.
- Two million dollar grant (There are 25 grants available up to 2 million each)
- Grant will help improve data collection for both Mental Health and Substance Abuse
- Perspective payment system
 - ❖ First 2 years developing a perspective payment system
 - ❖ 8 sites will be selected to be demonstration projects
 - ❖ Increase data collection
 - ❖ Cost based vs fee for service
- Inclusive stakeholder process
- Advisory group will be appointed by Director Opper
- ICD-10 Codes go into effect October 1, 2015. Services prior to October 1 can be reimbursed using ICD-9 Codes. Services after October 1 with ICD-9 Codes will be denied.

Addictive and Mental Disorders Division Update, Glenda Oldenburg, Administrator

Julie Prigmore has been hired as new Mental Health Bureau Chief. Starts July 20, 2015.

Legislative Update

- Handout showing Budget Service Categories and Appropriation
- Received increased funding in community services
- MHSP/WAIVER – 4 million dollars was moved from MHSP to state match for the HIFA Waiver
- MHSP will continue to serve those at 150% of poverty level, who are at least 18 years old and have a serious disabling mental illness.
- Waiver started in 2010 with 800 slots and served schizophrenia and bipolar. In January 2014 expanded waiver to 2000 slots and added major depressive disorder. February 2016 expanded to serve those with a severe disabling mental illness. As of July 9, 2015 we have 2,405 enrolled in the waiver.
- HIFA Waiver – 24.8 million
- Mental Health Medicaid – 45.4 million
- HCBS Waiver will expand to one additional community. Work with SLTC and use their recommendations for site. (Helena or Kalispell)
- Block grant will provide for medication management and pharmacy benefits for clients receiving MHSP.
- Drop in services received no additional funds. Maintain current programs.

- Peer Support. Asked for additional funding but did not receive. Had 3 pilot projects this past year. Will send out RFP to select a peer support program.
- Received additional funding for Secure Crisis Beds. Currently in Helena, Butte, Bozeman, Hamilton, and one opening up in Polson
- County Matching Grants. Applications due to AMDD by July 31, 2015.
 - ❖ Priority 1 – Funding new projects
 - ❖ Priority 2 – Additional projects in same area
 - ❖ Priority 3 - Increase funding for current projects (will have to show what services will increase)
- Short term inpatient mental health treatment. Have been meeting with directors of behavioral health units and discussing how we can pay for voluntary mental health treatment up to 14 days. Determining a daily rate.
- Transitional group homes to transition GBMI patients from Montana State Hospital.

Medicaid Expansion, Jessica Rhoades, Intergovernmental Relations, Directors Office

- Handout will be posted w/minutes
- SB 405 - <http://dphhs.mt.gov/medicaidexpansion>
- Montana is the 29th state to have Medicaid expansion and 1 of 7 states that will need a special waiver to have flexibility in the program administration.
 - ❖ Program will be administered by 3rd party administrator (similar to Healthy MT Kids)
 - ❖ Requires every individual who earns 138% of poverty to pay 2% monthly premium, and 3% copayments.
- State has two things to do prior to Expansion Approval:
 - ❖ Approval by Federal Government
 - ❖ Contract with a 3rd party administrator
- Other items that need to happen prior to implementation
 - ❖ Administrative Rules need to be completed
 - ❖ Computer/network systems need to be in place
 - ❖ 3rd Party Administrator needs to be selected (goal is to choose a contractor on October 1, 2015)
- Three most important opportunities for public input:
 - ❖ 2 public meetings
 - ❖ Public comment period
 - ❖ Medicaid Expansion Oversight Committee (Next meeting August 17, 2015 in Helena)
- Medicaid expansion must be approved again in 2019
- Providers have option to waive copay

The Center for Children and Families – Dr. Roche, Program Lead

Youth Transition Pilot: LEAD (Launch, Emerge, Achieve, Decide)

- Program Logic Model Handout
- Evidence based Program, based on RAISE Program model for those that experience First Episode Psychosis
- Will not serve youth involved through CHAFFEE Program, unless approved by CPS
- Do not have to be Medicaid eligible
- Opened for services on March 16, 2015. Currently have 7 children enrolled.
- Gaps Analysis Survey sent out (500 surveys)
- Survey confirmed the issues/gaps expected
- Results from survey and listening sessions will be made public. All feedback is encouraged.
- Implementation manual will be developed.
- 5% of block grant is mandated for first episode psychosis planning and development

Montana Disability Rights, Bernie Franks- Ongoy

- Handout posted w/minutes
- March 31, 2014 law suit filed in Federal District Court
- Since March 2014
 - ❖ Motion to dismiss DPHHS from law suit
 - ❖ Case refiled – DPHHS once again included in lawsuit
 - ❖ Corrections filed letter to dismiss claiming plaintiffs have not established enough info for lawsuit against state
 - ❖ Believe practices that bring cruel and unusual punishment continue to take place and is a legal standard of deliberate indifference. Have to show that practices of prison are detrimental to prisoners. Plaintiffs have to show that factuality.
 - ❖ 10 Exemplars (examples) real prisoners' stories were used to attach to complaint as examples. Using these as examples of practice that violate laws.
 - ❖ If case not dismissed – will move into discovery phase.
- Day to day standpoint
 - ❖ Advocates that go to prison frequently and interviewed prisoners. Continue to have interaction with prisoners. In some situations prisoners have improved. However, it is not enough to dismiss lawsuit.
 - ❖ Disability Rights continues to keep in contact w/prisoners. There are 147 cases open.
 - ❖ Department of Corrections has been cooperative

Montana State Hospital, John Glueckert

- Presentation attached to minutes
- Presentation is reflective of civil commitments and does not reflect forensic commitments
- Admitted to MSH when danger to self or others and no less restrictive service available
- Instances for ideal discharge are not always available. MSH is not a prison, if patient is not a danger to self or others, patients are discharged.

- Ideal discharge plan would be to have social workers work directly with independent practitioner and do a treatment plan. Discharge plan starts at time of treatment. On occasion patient gets to a community before discharge plan is finalized.
- Patients are often released by courts prior to discharge plan being complete.
- Admissions due to dementia have increased.
- Community providers are at capacity.

Vision 21 Project Dr. Dusten Hollist, University of Montana

- Handout on Vision 21 project
- 1st phase works with providers
- Montana currently has 3 Vision 21 Grants (Civil legal needs; technology infrastructure; transforming victim services)
- Montana & Virginia pilot states for Vision 21 and are being watched closely.
- 15 month opportunity to look at systems across Montana and make objective assessment on how decisions are made.
- Phase 2 will work with families and children
- Phase 2 will last as long as 6 years
- Listening sessions taking place throughout the State of Montana
 - ❖ July 13, Butte
 - ❖ July 14, Dillon
 - ❖ July 15, Bozeman, 10 am – 12 pm, Public Library
 - ❖ July 16, Billings, 2:30 – 4:30 pm, Public Library
 - ❖ July 20, Helena, 3:15 – 5 pm, Public Library
 - ❖ July 21, Lewistown, 2:00 – 4:00 pm, Public Library
 - ❖ July 22, Great Falls, 9:30 – 11:30 am, Benefis Hospital, Wigend Conference Room
 - ❖ July 23, Havre, 9:30 – 11:30 am, Public Library
 - ❖ July 27, Kalispell, 1:00 – 3:00 pm, Public Library
 - ❖ August 11, Miles City, 10:00 am – 12:00 pm, Public Library
 - ❖ August 12, Sidney, 10:00 am – 12:00 pm, MSU County Extension Office
 - ❖ August 13, Glasgow, 10:00 am – 12:00 pm, Job Service
 - ❖ August 18, Missoula, 2:00 – 4:00 pm, Public Library

FY 2016 – 2017 Block Grant Application, Jackie Jandt & Marlene Disburg-Ross, AMDD

Mental Health Block Grant

- Application due every other year, with Implementation Report in between
- Block Grant (2014-2015) is posed on AMDD website
<http://dphhs.mt.gov/amdd/Mentalhealthservices/MHOAC.aspx>

- Block Grant Public Comment opportunity is posted on AMDD website for 2016-2017 Application cycle.
- Application continues to become more and more onerous
- Not required to respond to all questions.
- Will continue to allocate funds to Transitions Project, IPS, Supported Employment, and support MHSP prescriber and pharmacy services.
- Option to combine Substance Abuse and Mental Health Application, but AMDD keeps them separate due to funding.
- 50% of people in the mental health system have co-occurring disorders.
- 75 people with SDMI had the opportunity to work in 1st nine months of IPS contracts
- Dartmouth University contracts with AMDD for support in training and fidelity reviews. If fidelity reviews fall a score of “Good”, the program is put on an improvement plan.
- Suggested Block Grant funds continue to support programs until a sustainable funding source is secured.

Substance Abuse Block Grant

- Three priorities
 - ❖ A continuum of community based behavioral and physical health services that improve and sustains the recovery of those individuals affected by the consumption and consequences of alcohol, tobacco, and other drug abuse.
 - ❖ A responsive system to address newly identified alcohol, tobacco and other drug abuse issues.
 - ❖ Evidence based services which use quality improvement monitoring to ensure optimum prevention and treatment outcomes.
- Receive 6 million dollars in block grant funds, 20% of funds are spent on prevention, balance goes to treatment.
- Outpatient treatment receives the majority of funding
- Have two Women/Children’s homes. Women who are at risk of losing their children due to substance abuse issues are treated in these homes.
- Three recovery homes

Motion to continue funding current programs under the block grant. Motion passed.

Travis/McCartney.

Possible agenda items for next meeting (first 2 proposed by Andy Hunthausen)

- Invite Judge Menahan to discuss discharge system from MSH
- Panel discussion on how community is addressing intervention/prevention, pretrial, specialty courts, jail standards
- Update on September meeting of SAMSHA Workforce Development groups (Glenda Oldenburg)

Public Comment

Patti Jacques, Advocate for those with Mental Illness: Mention that HB 382 was passed. This will change statutory language from mental defect to mental illness. Believe this will help reduce stigma of mental illness. MHOAC should be reviewing requirements of MH Block Grant and determining where our needs are. I have advocated for housing and current lists are long, a lot of people go homeless and are being readmitted to MSH. Have heard that we don't have adequate safe housing to put patients in when discharged from MSH. I think we need to advocate for this for our people. I hope you will advocate for housing. What is done here affects whole state. Homeless have a greater chance of destabilizing. Housing and medication are good preventative measures.

Next MHOAC meeting will be October 21 & 22, 2015 in Helena at the Wingate.

October 21 will be a regular meeting, October 22 ACE training for those who are interested.

Montana State Hospital Tour tomorrow. Leave Helena by 8:00 am, be at the Hospital by 9:45 am.

Meeting adjourned at 4:16