2013 Mental Health Focus Summit
Mental Health Oversight and Advisory Council (MHOAC)

Our Redeemer Lutheran Church, Helena, MT

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Introduction

The 1999 Legislature created the Mental Health Oversight and Advisory Council to provide guidance and oversight to the Department of Public Health and Human Services (DPHHS) in the development and management of the Montana public mental health system. The Mission of the MHOAC is to be: "Partners in planning and oversight for a mental health system that effectively serves families and individuals throughout Montana."

The duties of the Council are to: review the Mental Health Block Grant Plan and make recommendations to DPHHS; serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, co-occurring disorders, and other individuals with mental illnesses; and monitor, review, and evaluate the allocation and adequacy of mental health services within the State.

On Wednesday, May 22, 2013, the Mental Health Oversight Advisory Council (MHOAC) Stakeholders (council members and other interested parties) met in Helena, Montana.

Participants included -

(L-R) back row: Carl Seilstad, Montana Association of Counties; Leo Gallagher, Montana County Attorney Association; Dan Tronrud, Montana Sheriffs & Peace Officers Association; Lenore Myers, MHOAC and Chemical Dependency and Native American representative; Senator Terry Murphy; Monique Casbeer, MHOAC and Western Service Area Authority; Mel Mason, MHOAC Executive Committee and Provider representative; Lora Cowee, Children Providers representative; Sydney Blair, Community Mental Health Centers; Karen Ward, MHOAC Executive Committee and Family Member; Connie LaSalle, Senior Long Term Care

(L-R) second row: Jo Shipman, MHOAC and Eastern Service Area Authority

(L-R) front row: Marlene Disburg-Ross, Addictive & Mental Disorders Division (AMDD-MHOAC Liaison); Dan Aune, Mental Health of America; Malayia Hill, MHOAC and Children's Systems of Care Committee; Bill Hodges, MHOAC Executive Committee, Chair; Carol Josephson, MT Air National Guard, Veterans representative; Glenda Oldenburg, Administrator, AMDD (DPHHS); Rebecca de Camara, Administrator, Disability Services Division (DPHHS)

Attended but not in photo: Gary Mihelish, NAMI; Deb Halliday, Office of Public Instruction; Robert Peake, Office of Court Administrator; Jodi Daly, MHOAC and Central Service Area Authority; Richard Opper, Director of DPHHS
Interested parties: Susan Bailey-Anderson, MHOAC and Office of Public Instruction; Julie Fleck, Sunburst Mental Health Center; Brain Garrity, Lewis & Clark County MH Local Advisory Council; Jennifer Hensely, MH Ombudsman Office; Dan Ladd, Children's MH Bureau; Kathy McGowan, Community MH Center Director's Association; Erin McGowan-Fincham, MT Children's Initiative; Courtney Rudbach, Pathways Treatment Center, Clinical Supervisor; Barbara Mettler, South Central Regional MH Center; Christine Zadra, Children's MH Bureau; Patti Jacques, Family Member; Tom Nielson, AMDD; Kristi Rydeen, AMDD; Alicia Pichette, Mental Disabilities Board of Visitors

The meeting was facilitated by Mary Beth Frideres and Marge Levine from the Montana Primary Care Association. The following are the desired outcomes for the day which were defined by the MHOAC Executive Committee:

By the end of the meeting all participants will have:

- Solicited stakeholder input for supporting the identification of three to five legislative priorities for the 2015 session of the Montana Legislature (or changes in DPHHS policy or rules).
- Worked together and come to consensus on the priorities with commitments from all to support the recommendations going forward.

Opening the Session

Bill Hodges, Chair of the MHOAC welcomed the group. As Director Opper (DPHHS) was going to be a few minutes late, he introduced the facilitator, Mary Beth Frideres from the Montana Primary Care Association. Mary Beth reviewed the desired outcomes for the day.

Guest Speaker

Upon his arrival, Bill introduced Richard Opper, the Director of the Montana Department of Public Health and Human Services. The director thanked the group for inviting him to speak and reviewed some pertinent outcomes from the 2013 legislative session such as what happened to House Bill 12 and provider rate increases during the session and the bill's veto by Governor Bullock; the lack of passing a Medicaid Expansion bill which he said was very disappointing; and positions that were cut from the Department's Child and Family Service Division which were in place to prevent child abuse and neglect. Mr. Opper closed with a promise to the group to work together to build a better mental health system in Montana.

Analyzing the Environment

Mary Beth told the group about the sticky wall process which includes her asking questions and the participants writing down the answers with markers. The answers would be collected and placed on the sticky wall. Each person will get a chance to talk about their responses. The sticky wall allows for sorting and grouping thoughts.

Mary Beth asked the group to consider "What's going on in the environment that will impact the delivery of mental health services in the next two years?" Using the sticky wall, she collected the thoughts that the group members wrote down. The following is a summary of that process:

- Perception that we should not expand facilities
- Allocation of funds in MT – Medicaid
- Inclusion of physical health

- Behavioral health and chemical dependency primary care integration
- Adverse childhood Experiences (ACE) research (hopefully)
- Increase in autism
- Fragmented delivery system
- All spending attached to one Medicaid number – utilization
- Inadequate staff trained in mental health provision
- Low salaries
- Lack of response for Children's crisis
- Increase in number of folks with intellectual disabilities
- We are all overworked
- Aging population
- Low reimbursement impacts recruitment and retention
- Lack of housing
- Wellness and prevention – we need to work on these
- Inefficiency in the system
- PTSD
- Lack of trust in the federal government
- Technology – implants and injectables
- Lack of statewide mental health vision
- Fragmented job support programs
- "Fracking" money
- No early intervention in system for children
- Medicaid expansion
- Lack of crisis centers throughout the state, especially in the north and east
- Peer support bill did not pass
- Workforce availability
- Changing technology
- Provider relationships
- Need a facility in the eastern part of Montana like Warm Springs
- Hard to get psychiatrists
- Data accountability interventions
- Lack of cohesiveness
- Not good education about what is available
- Lack of trust
- Lack of funding
- Lack of cost based service design
- Lack of transitional housing for people coming out of prison and the hospital
- Retracting public funds
- Lack of creative planning
- Intention to collaborate
- Outcome measures for services are not in place
- Lack of Medicaid expansion
- Age groups – money state and federal
- Lack of advocacy and working together
- Lack of effective aftercare
- Lack of mental health LTC facilities

Creating a Shared Vision

The group brainstormed what they considered to be critical components of an excellent mental health system in Montana. They then grouped and titled the components. This is the result of their work:

Brainstorming/Grouping	Titles of Groups
- Trust and less ego – more compassion - Patient Centered Care	Creating a system that includes trust and patient-centered care Addressing the safety concerns that hinder patient-centered care
- Seriously mentally ill children are out of state because there are no facilities in state - Ample and relevant choices for care - Resources to treat locally or at least regionally - SAMHSA ATR (Access to Recovery) for mental health (increase access/decrease barriers) - Yellow Pages directory – how to access - Local crisis services for children - Mental Health beds outside of Deer Lodge Valley - Correction Mental Health - No mentally ill people in prison or jail instead of MH facility - Easy access to crisis care	Increasing local access to care for adults and children by removing barriers Informed communities Decreasing criminalization of mental health
- Supportive job opportunities for consumers - Ample and relevant choices for care - Alternative health care and traditional health care working together	Expanding choices for care and opportunities
- Early help without stigma - No or minimal stigma - DSM medical - Mental health system that attracts employees - Families included as partners	Valuing people with mental illness and people who provide care
- Confident collaboration between community members and state government - Community Health model - VA $ joined with community money	Developing a model of care that breaks down barriers and provides access

- Child-centric collaboration - Money focused on early intervention (0-3 years) - Early identification	Preventing childhood trauma
- People living with a serious mental illness get services they request - We devise a system on input from people living with serious mental illness	Building the system on what people with serious mental illness need
- Pay for performance - Evidence based practices - Data driven decisions - Outcome measure accountability agreement - Provider pay system based on outcomes - Zero cap funding - Cost based reimbursement - Fair reimbursement	Funding with relevance to data, cost, demand, and accountability
- Access to training - Coordination of mental health education (lifespan) - Behavior health business practice technical assistance	Developing professional competencies within the continuum of care
- Team approach collaboration of MH professional community to long term care - Excellent institutions for all ages - Seamless transition from child to adult care - Crisis services close to home with aftercare in home towns - Continuity life to death - Blended funding streams - Seamless transition - Integrated systems of care under DPHHS - Seamless delivery of service without duplication - Relationship between higher level programs to community/family - Adequate MHSIP limits and lower copays - Structure of payment does not block what people need - ARMs/Regs compete/interfere - Multi-purpose MH facility screening/evaluation advocacy, etc. - Braided funding between departments - Comprehensive continuum - Wraparound toddler to grave	Partnering to provide a seamless system of care

MHOAC Stakeholders Shared Vision

An excellent mental health system in Montana would:

- *Value people with mental illness and people who provide care*
- *Provide what people with serious mental illness need*
- *Break down barriers and provide access*
- *Prevent childhood trauma*
- *Include trust and patient centered care*
- *Increase local access to care for adults and children by removing barriers*
- *Decrease criminalization of mental health*
- *Be funded with relevance to data, cost, demand, and accountability*
- *Address the safety concerns that hinder patient centered care*
- *Have informed communities*
- *Expand choices for care and opportunities*
- *Develop professional competencies within the continuum of care, and*
- *Include partnering to provide a seamless system of care.*

First Public Comment Period

Interested parties in the audience provided comments to the stakeholder council. One person spoke about how PAC teams can really help and they are less costly than hospitalization. She described a geriatric care council that was started locally because an 80 year old person could not be taken care of and institutions are miles away. The community group found a way to help. It is not funded by anyone. They provide information to debunk myths and coordinate with others (agencies like AARP and local pharmacists) to assist people to come out of institutions and to stay out.

Another person addressed corrections and said there should be more discussion about mental health issues in those settings. There needs to be a combined adult and children agency again to assist with communication and to help identify the needs of individuals. There are no mental health services in prison and that will lead to more incarceration in the long run, more beds, and more institutions. She advocated for regional forensic facilities. Group homes and medication management are also needed. Institutions need to be independently reviewed, she said.

One person talked about her frustration that the Governor's office has not stated a vision in regard to mental health issues and wonders how the work of MHOAC could intersect. She said there is talk of an initiative process for Medicaid expansion and said everyone needs to get on board with that. She was disappointed in the language that accompanied the Governor's veto of HB12 – that everyone has suffered and providers must suffer, too. For eight years, she said, people were shut out of decisions and funds were hidden. It is important, she said, to work with the Governor's office and DPHHS. She also spoke about her elderly mother who has had behavioral health problems which are made worse with medication. There will be more of these problems as our population ages, she noted.

The next person talked about the fact that providers in Montana do a good job. The difficulty lies in the intersections between children and adult care and adult and elderly care. An overarching theme should be "human-centered care." That person also supported working with the Governor's office.

The last participant to offer comments talked about the overall lack of affordable housing and transportation. When individuals are not able to get to their doctor appointments, it makes problems worse, he said. He also noted that there should be more consumers and family members of people with serious mental illnesses on the MHOAC so that they can inform the group of what is needed.

Soliciting Suggestions, Ideas, Practical Proposals

Mary Beth asked the large group, "What are the top three suggestions, ideas, or practical proposals from those you represent, that would need to be implemented to reach the vision?" The sheets were collected and then the participants sorted them into like categories (groups). Here is a complete list of their work:

- Know the local community providers by name - Increase peer services - Expansion of peer support services - Peer sustainability rule/$ - Peer directed services - Develop peer support reimbursement rule change or law ☼ - Drop in Center (DIC) sustainability - Increase and fund evidence-based peer support and services across the life span - Require LTC facilities to have MH resident/ family input (survey tag if they don't) ☼ - Improving and funding transitional services across the lifespan - Increase senior services - Designation and licensing of facilities to provide MH services in LTC☼ - Mental health is combined with medical health - Increase transitions services - $ for transitional programs for youth - Transitional services youth/adult - Transition planning required - Expand wrap around services - Utilize technology to deliver services - Increase access to tele-psych, especially for young adults	Services
- Increase community crisis services - Increase community crisis response capacity - Expand crisis center dollars without diverting monies that already exist - Development of crisis centers in more areas of the state - Increase CIT regional training - Help prevent mental health youth from entering juvenile justice system - Crisis intervention services - Increased mental health crisis support in community - Support community crisis stabilization - Provide or increase funding for regional community mental health center with focus on increasing access and decreasing barriers - Community crisis services for children - Funding for more case management in local communities - Strengthen the assertive outpatient commitment law☼	Crisis
- Mental health treatment – court - Development of a data base for the adjudicated mentally ill☼ - Develop regional psychiatric beds - Psychiatric step down housing	Forensic

- Educate and engage communities - Educate and empower parents to vote and testify for their choices in care - Legislative/Governor's support of a plan to address MT MH system/needs - Comprehensive Strategic Planning process - Survey consumers, family, and providers about their needs and have them prioritize	Education/Strategic Planning
- Safe, decent affordable housing - Increase housing - Develop more supportive housing for difficult to place - Support laws for low income housing and those with special needs (hard to place)	Housing
- Secure funding or incentivize providers (mental health and physical) to develop trauma informed care or policies on prevention - Incentivize trauma informed care and policies - Mobilize community involvement to decrease suicide - Secure funding or incentivize to provide trauma informed care across the continuum (MH and physical) - Early care is less costly in the long run! - Service delivery system will be incentivized to develop policy around prevention and elimination of re-traumatization - Trauma informed care - Training and support for trauma informed care - Programs and $ for preventive services SJ30 - Increase suicide prevention	Prevention
- Outcome measurement tool - Study Medicaid expansion reform/restructure - Outcome measures - Increase funding for including families in treatment planning for adults - Open access Medicaid formulary - Overall increase in routine mental health services - Workforce development issues - State loan forgiveness for those who work in not for profit mental health☼ - Request Medicaid expansion with a bill the Governor and Legislature will support - Military pays healthcare for non-deployed service members☼ - More money for mental health - Improved provider rates - Support the state to pick up 100% of required Medicaid match – let counties/providers keep $ for local services - Cost based reimbursement case rates - Redesign entire mental health system – pay for performance/outcomes	Funding

☼ = policy, law, or rule change

Identifying Priorities and Large Group Voting

Mary Beth asked the participants to break up into small groups with each group (minimum of 2 members), taking all of the ideas under each title and prioritizing them into the two most important ideas. The small groups then reported their decisions to the larger group. Each large group member then took the ideas that had been prioritized by the small groups and, using sticky dots, voted on their top three focus areas. This is how the ideas ranked:

MHOAC Stakeholders Priorities

Service
- Improving and funding transitional services across the lifespan – 12 votes
- Increase and fund evidenced-based peer support and services across the life span – 4 votes

Crisis
- Community crisis service for children – 6 votes
- Development of crisis centers in more areas of the state – 11 votes

Funding
- Outcome measures – 5 votes
- Study Medicaid expansion (reform/restructure) – 10 votes

Forensic
- Develop regional psychiatric (forensic) beds – 8 votes
- Psychiatric step down housing (forensic) – 0 votes

Education/Strategic Planning
- Comprehensive strategic planning process – 4 votes
- Educate and engage communities – 1 vote

Housing
- Support laws for low income housing and those with special needs (hard to place) – 2 votes
- Develop more supportive housing for difficult to place – 3 votes

Prevention
- Mobilize community involvement to decrease suicide – 2 votes
- Service delivery systems will be incentivized to develop policy around prevention and elimination of re-traumatization – 1 vote

Second Public Comment Period

The first person to offer comments thanked the group for having the Summit and indicated that no matter what the outcome, their group will focus on increasing forensic beds.

The next person talked about how important it is to prioritize services. She applauded the process and said that MCI had a similar process and she believes they have been successful in their advocacy because of that. The group should stick to the priorities, she said, and not be distracted. Focus will help the group's ideas become a reality. We need to pay attention to the Governor's budget, she said.

The final person to offer comment said that, again, he advocates for more consumer voices on the council. And, he added, "It is not about working with the Governor's agenda, it is about the Governor working on ours."

Evaluation of the Session

The group performed a short evaluation of the session. In regard to **what group members liked**:

- the different perspectives and opinions respected
- perspectives – educational – learned from everyone
- how the facilitator would ask group to write down ideas and then asked to explain more - good participation
- love, love, love facilitation – felt like we accomplished something today
- opportunity to meet folks and their passion!
- breadth of experiences – good environment – safe space to bring out
- incredibly valuable – all systems perspective
- not having tea, coffee – liked the diversity, working well, pleased with facilitation and participation
- MB and Vanna – thanks!
- diversity – appreciated the challenges
- fast, furious safe atmosphere
- diversity, especially criminal justice, legislator
- everyone giving up a day – hopeful
- facilitation of this difficult group, decision makers present
- good process – worked through complicated issues
- educational – good perspectives learned a lot – more than my own program
- good work group – lots of opinions, direction to council in 6 hours
- many decision makers, own perspectives, collaborative – unity around priorities, no one was cut off
- solution focused, proactive
- thoughtful panel, public comment
- diversity, not just the state to fix things, community engagement
- useable document
- diversity, benefits, legislature coalition building
- excellent job
- hearing about other services, the system has more strengths than knew about
- sticky wall board system
- quite well done – process
- majority expressed opinions
- listened to views, public comments
- broad range of representation

As to **what could be improved**:

- several participants mentioned that they would have liked tea, coffee, water or caffeinated cola in the afternoon
- more time to consider what to choose as priorities
- not enough input from recipients of care
- input from the Governor's office in regard to his vision for mental health care
- wish Director Opper would have stayed all day
- time for service providers to present a report on what they are currently doing – what works and what doesn't work
- the Environmental Assessment ended up being a download of what we know without discussion of megatrends or other impacts on services

- felt rushed t0 identify the priorities, we superficially grouped complex components - we need to take time now to continue with follow up
- did not review what we were trying to achieve today
- the acoustics of the room – loud and sticky floor
- include some early childhood folks and parents – prevention may need to be its own thing – at some point we should think about trying to prevent mental illness
- need more community people here
- come to the table with more data
- grease the door to the room – squeaky
- look at what communities and the feds can do
- make sure that there is follow through and that there are advocates here
- popcorn and beer
- need someone here from Corrections and the Board of Crime Control and to hear from the Governor's office
- need real data – suicide, etc., need people we serve at the table
- individuals with serious mental illness at the table
- chairs not comfortable – hope we get the legislature and Governor on board
- didn't have a chance to discuss data – where we are currently and where we are not doing well