

**Mental Health Overnight Advisory Council (MHOAC)**  
**Wingate**  
**Date: October 21, 2015**

**Council Members Present:** Christine Bates, Bill Hodges, Melinda Mason, Dorothy McCartney, Chris Glines, Representative Carolyn Pease-Lopez, Donna Zook, Sydney Blair, Lenore Myers, Rebecca de Camara, Andy Hunthausen, Glenda Oldenburg, Bruce Brensdal, Andrea Lower, Barb DeBree

**Guests:** Kandis Franklin, Patti Jacques, Sue O'Connell (Legislative Services), Bobbi Renner (AMDD), Megan Bailey, Zoe Barnard, Jodi Daly, Kathy McGowan

**AMDD Staff:** Antonia Klein, Carrie Lutkehus, John Glueckert, Julie Prigmore, 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, Rebecca DeCamera: Montana Development Center Update**

Montana Development Center Update

- SB411 mandates closure of MDC by June 2017.
- Advisory Council was created to help facilitate closure (consists of family members, providers, legislators, county commissioners).
- Tasked with proposing services lacking in the community.
- Quarterly meetings are required, however have been meeting on a monthly basis.
- Currently educating the council so they can accomplish the task before them.
- Meeting on Thursday, October 22, 2015. Purpose is to look at the repurposing of the facility and alternative services that could be provided. Facility is not secure, so need to have a population who wants to be there.
- Current waiver comprehensive services – does a good job serving majority of adults/children. However, doesn't meet the needs of high-end, intensive cases very well. Daily rate of reimbursement may be too low. Reimbursement rates need to be evaluated.
- Safety of clients is primary concern at this point.
- Benchmark Human Services Company from Indiana is in the process of becoming a MT Medicaid provider. They have facilitated facility transitions and created community services that are effective.. They have not yet determined where in Montana they will be located. But this decision will be made on available workforce and where the need is greatest.
- Staff turnover has stabilized.
- Currently only have 1 clinical vacancy.
- Pam Ponich is the new Clinical Director.
- Currently need placement for 54 residents.

- MDC currently serves high population of young, healthy males who require intense levels of service. Not a lot of turnover in waiver spots. Need to look at future needs.
- Autistic population is very difficult to serve.
- Still taking new commitments at MDC.

### **Addictive and Mental Disorders Division Update, Glenda Oldenburg**

- Introduced Julie Prigmore new Bureau Chief for Mental Disorders Division

#### Summary of Existing and New Programs

- Met with providers and worked to get contracts out the door as quickly as possible.
- Providers will be required to collect very specific data so that effectiveness of programs can be evaluated.

#### County Matching Grant

- Applications were due 7/31/2015; Notification of Awards went out 9/4/2015 and Contracts to counties sent out on 9/16/2015.
- All programs that requested funds were funded. Sixteen counties applied and funds will impact a total of 30 counties. (Summary of projects distributed)
- Summary of all programs that were funded was distributed.

#### Short term inpatient mental health treatment – HB 35

- Provides funding for voluntary inpatient treatment up to 14 days.
- Currently have contracts in place with Western Montana Mental Health Center, St Peter's Hospital in Helena, St Pats in Missoula, and Billings Clinic/Providence in Billings.
- Rule hearing was September 16, 2015. Public comment period until September 24, 2015. Made changes to the rules based on public comment received.
- Mental Health Center and Hospitals each have a separate rate.
- Participants must agree to follow their treatment plan, otherwise they can be sent back to court and involuntarily committed.
- Funds pay only if there is no other payer source identified.
- Anticipate being able to serve up to 50 people per biennium.
- Data is being collected to see how effective this program is at keeping people in their community and out of MSH.
- Contracts went out September 25.
- Glenda and John Glueckert have been meeting with the Mental Health Center Directors on a monthly basis.

#### Transitional mental health group homes

- Currently have contracts in place with 2 prerelease centers; Helena and Butte.

- Helena's program has a sexual offender program, which is a difficult to place population.

#### Peer Support Grant

- RFP went out on October 6, 2015.
- Proposals due by November 17, 2015.
- Hope to have contract awarded by December 1.
- Had 3 pilot programs last year, but only received funding for one program for the next two years.
- Department of Admin has a new process for RFP submittals. The process is all on line and vendors need to register through the vendor portal access site.

#### MHSP/HIFA Waiver

- AMDD staff has been working closely with the MHC to get people enrolled on the waiver.
- As of September we had 2,965 people on the waiver.
- Looking at current cost per slot, to determine how many we can enroll. Cost per slot has been increasing, as people are accessing medical health in addition to mental health services.
- MHC continues to send in applications, as the waiver slots are a moving target. People drop off monthly and open up slots for others.

#### HCBS Waiver

- Adding 50 slots this year and 50 slots next year to the current waiver.
- Helena received additional slots up to 40, and is expanding to the Missoula and Kalispell area.
- Additional slots were allocated based on need and information from SLTC.

#### Medicaid Expansion

- State has been working with CMS to get Medicaid Expansion approved.
- CMS should respond in November if approval is granted.

#### State Hospital

- McCollum House was added in 2015.
- Mount Haggin House was added this year.
- Group homes provide a way to transition residents from the State Hospital to a community placement. When the community providers see how well people have done in the campus group homes, providers are more likely to accept them in their community.
- FY 14 had 4 GBMI discharges to the community, in FY15 there were 13 and in FY16 we have had 19 GBMI discharged from MSH to community.
- Glenda and John continue to meet with MHC and community stakeholders on a regular basis.

### Considering the Health & Well Being of Montanans Report - Senator Webb

- The 2013/2015 Health and Human Services Interim Committee toured 4 facilities in Montana, the mens prison, Montana State Hospital, MCDC and MDC. A few members toured the other facilities on their own. These studies garnered most of the attention of the committee. Results of the study led to several pieces of legislation.
- The Interim Committee brought 10 pieces of legislation forward in 2015 as a result of the study.
- Senator Webb reviewed the 2015 session as it related to Mental Health in Montana. The Interim Committee added dollars to existing projects and additional community mental health programs. Primary focus of Committee was community based services need to be a priority.
- The 2015/2106 Interim Committee has been tasked with investigating guardianship (including Alzheimer's and dementia) This will be an in-depth study and the first meeting with providers is Thursday, October 22, 2015.

### Update – Representative Pease-Lopez

- Congratulated the mental health community, stake holders, and providers for doing a good job with the resources before them.
- Community needs to continue education the community and legislators on issues and let legislators know what they need and how the hindrances can be removed.
- Discussion on bills that didn't pass.

Link to the report mentioned above:

<http://leg.mt.gov/content/Committees/Interim/2013-2014/Children-Family/About/cfhhs-final-report-oct2014.pdf>

### Public Comment:

#### Patti Jacques, Mental Health Advocate

- All government contracts should be transparent and available on the state Website (i.e. Goal 189 contract and criteria for accessing funds).
- Discussion on Goal 189. All requests need to go through Mental Health Centers (State contracts with the centers). Cases are looked at individually.
- Group Home Rates need to be enhanced. The current rate is not adequate to cover operating expenses.

#### Megan Bailey, Sunburst Mental Health Center

- There is an Independent Living Center in every major city in Montana. Refer people to them, services are free and you do not need to provide proof of disability. They can be a resource to help with services not otherwise covered.
- Montana needs case management service coordination. When looking at discharging to communities, the incoming community is not able to bill for case management services. For a

short period of time, should be able to bill for double case management services to ensure high level of care during transition period.

Jodi Daly, Director Western Montana Mental Health Center

- Mental Health system is fragmented .

Cathy McGowan, Advocate

- Thank you to the interim committee for hearing the public and making the decisions to make changes to the current system. The less people are institutionalized, the better. We need to keep people in communities as much as a possible.

John Glueckert, Administration Montana State Hospital

Discussion on the new RYO Facility in Galen that will be used as the Forensic Unit for MSH

- Information distributed to members.
- New Unit will house the violent criminals and those with severe mental illness.
- Plan is to be operation by February 2016.
- Patients at a level 4 and above will continue to be served on MSH campus.
- The vacated beds will provide relief to the civil units on campus.
- Currently there is no way to separate patients on the Forensic Unit on Campus. The new facility will allow male/females to be separated as well as separate by levels of treatment needed.
- GBMI population average length of stay is longer than civil commitments.
- GBMI population generally arrives on campus in restraints. Once they arrive on campus all restraints are released. They can refuse treatment. Can receive medication involuntary in an emergency situation. (Over the last 6 or 7 years have had to call in prison officials to help deescalate a situation approximately 6 times).
- MSH has worked with Forensic Consultations who recommend separate levels of treatment and security and keeping genders separate. The new unit will provide accommodations for this.
- Group homes on campus were developed because the community will not accept these patients directly from the forensic unit.
- John showed a slide show of the new Forensic unit and information on the facility.

Mental Health from a Judicial Perspective, Honorable Judge Mike Menahan

- Montana law allows law enforcement to help mental ill people in limited capacity
- Title 46 – **46-1-103. Scope -- purpose -- construction.** (1) This title governs the practice and procedure in all criminal proceedings in the courts of Montana except where provision for a different procedure is specifically provided by law.  
(2) This title is intended to provide for the just determination of every criminal proceeding. The purposes of this title are to secure simplicity in procedure, fairness in administration, and

elimination of unjustifiable expense and delay.

(3) Any irregularity in a proceeding specified by this title that does not affect the substantial rights of the accused must be disregarded.

- First contact a mentally ill person sometimes has is with an office doing a safety check or because they committed a crime.
- Law enforcement officials in Montana have the authority to detain someone who is mentally ill if they are a danger to self or others until they have been evaluated by a mental health professional. The mental health professional has authority to determine if the person is sent home, detained or involuntary committed.
- After evaluation, a petition is filed with the County Attorney's office, County Attorney has the right to change the recommendation, but they generally go with the recommendation of the mental health professional.
- County Attorney files a petition, mentally ill persons has to go before the judge within 24 hours. Judge reads them their rights and in all cases a public defender is assigned. In some cases, the initial appearance occurs at the Behavioral Health Unit, ICU or the VA.
- Judge sets a hearing date (have the right to a jury trial, but that seldom happens). Must have a hearing within 5 days of the initial appearance. Fifty percent of the cases resolve themselves and do not end up going to trial, the other half generally end up committed.
- When a person is sent to Warm Springs for an evaluation, they generally are there for 30 days.
- Geriatric patients who have dementia and are at a BHU or the VA and become violent or sexual and find themselves in ER generally get committed to Sprat at Warm Springs. Nursing homes won't take them back and hospitals can't keep them long term .
- If a mentally ill person commits a felony, they generally get arrested, end up in jail and are an appointed a public defender. If they are fit to proceed an evaluation is done by a local mental health professional. If it is determined they are mentally ill and aren't aware of what is happening, they go to MSH forensic unit for an evaluation. MSH can get the authority to involuntary medicate them.
- In Montana most GBMI do not go to trial they plead out at the lawyer's direction. They are placed under the care of DPHHS and go to MSH.
- NGMI usually go to trial. Jury determines if they have the capacity to understand the crime.
- Judges determine GBMI
- The legislator passed a bill in 2009 to allow MSH to do their own evaluation and determine if people are mentally ill.
- Currently jails across Montana are full of people waiting to be evaluated by MSH.

#### New Business

- Next meeting will be schedule for February 2016.
- Will determine if a summit will be held in May 2016 at our next meeting.
- Next SAA Summit is January 14, 2016
- Possible agenda items for next meeting:
  - Presentation by Housing First (Missoula)

- Presentation by NAMI on mental illness/housing/homelessness
- Workforce Development
  - Recruiting
  - Loan repayment incentives
  - Incentives for Professionals to relocate/move to state of Montana

Meeting adjourned