

**Mental Health Oversight Advisory Council (MHOAC)**  
**Our Redeemer Lutheran Church – Helena**  
**May 23, 2013**

**Council Members Present:** Susan Bailey-Anderson, Sydney Blair, Monique Casbeer, Chris Daem, *Brian Garrity on behalf of* Jody Daly, Rebecca de Camara, Chris Hartzmann, Malayia Hill, Bill Hodges, Suzanne Hopkins, Andy Hunthausen, Esther Kramer, Melinda Mason, Dorothy McCarthy, Lenore Myers, Glenda Oldenburg, Jo Shipman, and Karen Ward.

**Guests:** Bonnie Adee (DPHHS), Robin Albee (DPHHS), John Ebelt (DPHHS), Patti Jacques (NAMI), Wendy Nicolai (DPHHS), Richard Opper (DPHHS), Janice Reichelt (Hospice), and Jo Thompson (DPHHS).

**Absent:** Christine Bates, Bruce Brensdaal, Representative Carolyn Pease-Lopez.

**AMDD Staff:** Marlene Disburg-Ross, Deb Matteucci, Tom Nielson, Bobbi Renner, Kristi Rydeen, and Vivian Lee (via Express Personnel).

The Meeting began at 9:15 am.

Round table introductions, including new members: Malayia Hill and Lenore Myers.

**MOTION** to approve February 27-28, 2013 minutes with no corrections. CASBEER/Hopkins.  
Motion Passed.

**Council's Role and Purpose:**

- Review the Mental Health Block Grant Plan to make recommendations.
- Serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illness.
- Monitor, review, and evaluate, not less than once a year, the allocation and adequacy of mental health services within the State.

**DPHHS - Director Richard Opper**

Current Goals:

- Work more closely with MHOAC
- MHOAC input on Legislative Agenda for next session
- Youth to Adult Transitional Services

Summary of "Medicaid Expansion" (Failed House Bill 623)

- Statistics of Plan
  - ✓ Cover 50,000 – 70,000 currently uninsured Montanans
  - ✓ For applicants earning up to 138% poverty level
  - ✓ Create 12,000 jobs (60% in Healthcare, 40% Ancillary jobs)
- Proposed Funding
  - ✓ Utilize Medicaid funds to pay health insurance premiums
  - ✓ 100% Federal funding for years 1-3
  - ✓ 90% Federal funding for years 4+
  - ✓ Grand total of \$6.1 Billion Federal funds over FY 2014 – FY 2021
- How it Failed in Legislature
  - ✓ Voting error caused a 50/50 House vote

- ✓ Post-Lobbying Recount failed 48/52
- Future Potential
  - ✓ Ballot Initiative (Nov 4, 2014)
  - ✓ Governor Mandated Special Session
  - ✓ Reconsideration next Legislative Session
- Actions Needed
  - ✓ Better awareness among the citizens
  - ✓ Increased media coverage and awareness of recent study: “Financial Implications of Medicaid Expansion in Montana” by the Bureau of Business and Economic Research, available on State Auditor’s Website

DPHHS Programs Affected by Recent Budget Cuts:

- Montana Developmental Center (MDC)
  - ✓ Lost 10% of operating budget (\$3 Million per biennium)
- Child Abuse Protection
  - ✓ Lost 13.5 FTE’s (Full-Time Equivalent Positions)
- Title X Family Planning
  - ✓ Threatened elimination of funding
  - ✓ Funding preserved for now
- Children’s Mental Health Bureau (CMHB)
  - ✓ Magellan Utilization Review Contract lost

**Division Administrator Reports – Glenda Oldenburg, Addictive and Mental Disorders Division; Rebecca de Camara, Developmental Services Division; and Bonnie Adee, Children’s Mental Health Bureau; Report on Legislative Update, Biennial Budget, and Affordable Care Act**

Developmental Services Division - Rebecca de Camara

- Farewells to Bonnie Adee, retiring as CMHB Bureau Chief as of May 23, 2013.
- Rebecca de Camara is the CMHB Administrator as of June 2013.

Current Project:

- Launch of i-Home Statewide Community Forums
  - ✓ Statewide Tour - Month of June  
(Schedule pending – to be distributed through Marlene Disburg-Ross)
  - ✓ Connect with Providers, Families, and Advocacy Groups
    - Community Collaboration Meetings
    - Brainstorm a more Provider-friendly business model
  - ✓ Achieve Statewide awareness
  - ✓ Attempt to recover lost funding

Children’s Mental Health Bureau – Bonnie Adee

- i-Home Growth Update
  - ✓ Now functioning statewide
    - Enrollment at last meeting: 1
    - Current Enrollment: 22
  - ✓ “Package of Services” addresses specific needs
    - Wraparound Plan
    - Crisis Diversion
    - Intensive Co-occurring Treatment
    - Strength Assessment  
(CANS - Child and Adolescent Needs and Strengths assessment, 115 items)

- CMHB Budget Cut Details
  - ✓ Magellan Funding Revoked
    - Tracks effectiveness of \$1 Million CMHB spending
    - Justifies future Federal funding
    - Severely reduced Magellan studies now conducted via CMHB benefits budget
  - ✓ i-Home Funding Revoked
    - Now funding i-Home via CMHB benefits budget
  - ✓ Reduction to CMHB benefits budget
  - ✓ Transfer of funds from CMHB to OPI (Office of Public Instruction)

Addictive and Mental Disorders Division - Glenda Oldenburg

AMDD Budget Details

- Funding for Existing Programs:
  - 72-Hour Crisis Stabilization
  - Goal 189
  - Drop-In Centers
  - HCBS Waiver (Home and Community Based Services Waiver)
    - Recently added 30 Helena slots
    - 198 total slots (in Billings, Great Falls, Butte, Missoula, and Helena)
  - Basic Medicaid Waiver (formerly MHSP or HIFA Waiver)
    - For applicants earning up to 150% poverty level
  - Will be requesting an additional 1,200 slots and also requesting Major Depressive Order as a qualifying diagnosis along with Schizophrenia and Bipolar Disorder
  - House Bill 130 – Crisis Grants
    - Increased to \$847,000 per year (\$201,000 increase)
  - House Bill 131 – Crisis Beds
    - Funded Crisis House Centers:
      - ✓ Butte – Hays Morris
      - ✓ Bozeman – Hope House
      - ✓ Hamilton – West House
      - ✓ Helena – (planned for 2015)
- Funding for New Programs:
  - House Bill 583 – Suicide Review Team
    - \$67,000 per year
  - Appropriation – Jail Suicide Prevention
    - \$125,000 per year
- Usage and Planning for Mental Health Block Grant
  - \$2.2 Million this biennium (down from \$2.4 Million) to cover:
    - Recovery Grants
    - Prescribers (Primary Expense)
      - ✓ \$1 Million spent last year
      - ✓ Consideration to fund Transitional Care
    - Transitional Care
      - ✓ \$200,000 to \$300,000 funding request submitted to Director’s Office.
      - ✓ New Program Request Encouraging:
        - Crossover preparation at age 17.5
        - Early contact with adult provider
        - Assessment of adult eligibility

## **Public Comment**

Patti Jacques - NAMI

How much funding was allocated for Goal 189 this biennium?

Answer by Glenda Oldenburg:

\$1.3 Million for the biennium.

Patti Jacques - NAMI

Also, with the Basic Medicaid Waiver increasing from 800 slots to 2,000 slots, will any of those slots be reserved? Perhaps by the Department of Corrections, for mentally ill inmates upon release?

Answer by Glenda Oldenburg:

They would certainly be eligible, based on their clinical criteria and an income under 150% of poverty level. But the slots would not be reserved, no.

Patti Jacques - NAMI

And that Basic Medicaid Waiver is on a reimbursement basis?

Answer by Deb Matteucci:

Correct.

Patti Jacques - NAMI

One point I would like to stress again, is the gap in our system addressing mental illness in the Forensics Division. This group is not being addressed through mental health services, and really needs to be considered.

## **Adult Consumer Satisfaction – MHSIP Survey – Bobbi Renner, AMDD**

Document Distribution:

- Services Received by Survey Respondents
- MHSIP Domains for 2012 and 2011
- 2012 SAMHSA/CMHS Uniform Reporting System Changes based on New Implementation Report Tables

2012 Mental Health Statistics Improvement Program (MHSIP)

- Purpose:
  - ✓ Measure Patient Satisfaction
  - ✓ Observe and Address Statewide Correlations
  - ✓ Assist Providers
  - ✓ Validate Funding
- Distribution:
  - ✓ Sponsored by the SAMHSA Infrastructure Grant
  - ✓ 2012 forms distributed by Providers to reduce postage
  - ✓ Participating Providers: 9
  - ✓ 644 out of 3,000 surveys returned
- Demographics:
  - ✓ Only top 2/3 involved were surveyed
  - ✓ Ages 18 to 82
  - ✓ Average age: 48
  - ✓ 58% Female, 42% Male

- Areas of Improvement:
  - ✓ Participation in Treatment (Up 2% since 2011)
  - ✓ Functioning (Up 4% since 2011)
  - ✓ Social Connectedness (Up 6% since 2011)
- Areas of Concern:
  - ✓ Heart Disease
  - ✓ Diabetes
  - ✓ Smoking
  - ✓ Obesity
- Contact Marlene Disburg-Ross for complete MHSIP report statistics.

### **Basic Medicaid Waiver Renewal – Glenda Oldenburg, AMDD; Jo Thompson, DPHHS**

#### Document Distribution:

- Basic Medicaid 1115 Waiver
- The Montana Medicaid Program, Report to the 2013 Legislature, Medicaid Waivers
- (Untitled): Summary of Medicaid Waiver Renewal Plan

#### Public Notice

- Basic Medicaid Waiver Action being taken:
  - ✓ End of June, Waiver will be submitted for Federal review
  - ✓ Changes:
    - Include home infusion as a covered service
    - Add major depression as an eligible group
    - Increase enrollment cap from 800 to 2,000
  - ✓ Changes effective January 1, 2014
- Public Meeting Sign-In Sheet Passed

#### Summit Discussion

- Successful Summit
- 27 out of 30 Invited Panel Members Attended
- Determined Summit Priorities:
  - 1. SERVICE (12 Votes)
    - Transition Services
    - Funding
  - 2. CRISIS (11 Votes)
    - Crisis Centers
  - 3. FUNDING (10 Votes)
    - Study Medicaid Expansion
    - Reform/Restructure
  - 4. FORENSIC DEVELOPMENT (8 Votes)
    - Psychological/Psychiatric
  - 5. COMMUNITY (6 Votes)
    - Child Services
    - Community Crisis
  - 6. HOUSING (3 Votes)
    - Low Income/Special Needs
  - 7. PREVENTION (2 Votes)
    - Community Involvement
    - Suicide Prevention

## **Public Comment**

Janice Reichelt – Hospice

I really believe Housing should be much higher on the Priority List. Getting a roof over their heads stabilizes them.

Susan Bailey-Anderson – Office of Public Instruction

Document Distribution:

- ✓ MT Youth In Transition Conference
- ✓ 2013 MBI (Montana Behavioral Initiative) Summer Institute

## **Arrangements for Next Meeting – Bill Hodges**

Agenda Items for Next Meeting (August 14 or 15, 2013)

- Revisit Summit Report – Address Top Priorities
- Break into Committees:
  - ✓ Crisis
  - ✓ Transitions
  - ✓ Education/Wellness
- Division Reports not required at each meeting.

Meeting Adjourned at 1:50 pm

*Transcribed: 05/23/13 - vrl*