

**SAA Summit Meeting**  
**January 11, 2006**  
**Helena, MT**

Attendees: John Wilkonson, William McCausland, Alexandria Volkerts, Tom Bartlett, Lou Thompson, Cheryl Nystrom, Jane Wilson, Bill Hodges, Bob Ross, Alice Haugerty, Dan Ladd, Patty Jacques, Molly Pulthrow, Bob Mullen, Marcia Armstrong, Senator Gerald Pease, Mary Jane Fox , Bonnie Adee, Anita Roessman, Jim FitzGerald, Dee Holley, Joyce DeCunzo, Scott Boyles, Paul Meyer, Deb Sanchez, Bobbi Becker, Jacob Wagner, Carol Davidson.

Dan Ladd welcomed all attendees. The first order of business was clarification of the motions made at the last Summit meeting regarding who is authorized to vote on issues before the Summit. Dan reminded everyone that this was not a decision making body, but a means for the three SAAs to come together for discussion. Those who are in need of sending items out to the other SAAs need to know who to go through. Protocol is being established and the need is for AMDD to know whom to contact for quick decisions. It was decided to table the discussion until later in the meeting as time permits.

Joyce DeCunzo explained the Executive Planning Process (EPP) and the items that were included as a result of AMDD's recent Listening Tour. The items were divided in to two areas: Montana State Hospital and Community Mental Health Services. The ultimate goal of each is to achieve census management.

Items were:

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- Montana State Hospital
  - General Options
    - ◆ Recruitment and Retention of Professional Staff
  - Statewide Assistance
    - ◆ Centralized crisis help line and referral
    - ◆ 24/7 emergency assistance to local hospitals
  - Community Outreach
    - ◆ Pre-adjudication evaluations
    - ◆ Special need wrap funding
    - ◆ Discharge medications
    - ◆ Patient assistance in community settings
- MCDC Options and MMHNCC Options
- Community Mental Health Services
  - General Options
    - ◆ Upgrade crisis beds to secure
    - ◆ More PACT services (rural model)
    - ◆ Peer Support Services
    - ◆ Community sponsor/advocate
    - ◆ Recruit/Retain Professional Staff
  - MHC Community Care Options
    - ◆ 72-hour presumptive eligibility
    - ◆ Suicide enrollment
    - ◆ Increase MHSP poverty level
    - ◆ 30 day enhanced services for all MSH discharges
  - Community Hospital Options
    - ◆ Emergency Room professional assistance & training program
    - ◆ Regional assessment & evaluation centers
    - ◆ Higher daily reimbursement
    - ◆ Hospital crisis aide reimbursement

Each of the items was discussed, and Ms. DeCunzo assigned a homework task to each SAA to think which would be the best way to provide for crisis services and for the Montana State Hospital, and stack the items in a priority as each SAA sees the need.

Lou Thompson gave a brief overview of the RFP proposal and stated it would be issued the first of February. She also reminded everyone that once the RFP is issued, State employees cannot talk to anyone about the RFP and AMDD employees cannot define anything on the RFP. The discussion transpired as to whether the funds should be divided evenly among the three SAAs. However, it was noted each and every proposal will be given consideration, but none would be allowed to use the entire amount.

Following lunch, a presentation was given by Deb Sanchez of AMDD on co-occurring diagnosis and gave facts and information regarding it.

Each SAA gave an update report. The Western SAA has their final board in place and is operating as a corporation. Eastern will meet next week and their meeting will be a good place to dissolve the present corporation and redo. Alexis volunteered to help Eastern with this task. Central will also accept her assistance.

An overview of materials prepared by Anita Roessman was presented by her stating the common areas, areas of duplication, and areas of question among the MHOAC, SAAs and LACs.

The next meeting was tentatively scheduled for March 16th, 2006, 10 AM hosted by Western SAA. Meeting would be held at St Patrick Hospital.

(A final date was decided upon for March 14, 2006, St Patrick Hospital, Conference room 2)