

Service Area Authority Summit

November 2, 2005

Great Falls, MT

Attendees: Mike McLaughlin, Joan-Nell Macfadden, Dee Holley, Bob Ross, Bobbie Becker, Mike Smith, Michelle Lewis, Jim FitzGerald, Joe Moll, Dan Ladd, Jacob Wagner, Kathy Berg, William McCausland, Martha Bottleson, Tom Bartlett, Paul Meyer, Carol Davidson, Joyce DeCunzo, Alexis Volkerts, Lou Thompson, Mary Jane Fox, Jane Wilson, Cheryl Nystrom, Barbara Mueske, Bob Mullen.

Facilitator: John Munding

SAA Representation on the PDL Committee

There is an opportunity for one person to represent the collective interest of the three SAA's on the Preferred Drug List Committee. The Committee meets monthly and usually in Helena. Participants agreed that the SAA's should take advantage of this opportunity and discussed potential representatives. Some consideration was given to a person who is active in one of the SAA's and has pharmaceutical expertise. However, after some discussion, participants agreed that the representative should be one of the designated members of the SAA Summit.

Paul Meyer moved, second by Bob Ross to designate D'Anne Holley as the SAA's designated representative to the PDL Committee. Further, if the PDL Committee does not reimburse travel expenses, the three SAA's shall share those costs. Motion carried unanimously.

SAA Indemnity Insurance

Paul Meyer reported that he has contacted Payne Financial, a company that probably has the best capability for locating a company to provide liability insurance for the SAA's. Completed By-Laws are a prerequisite for the application. Paul noted that separate applications would be required for each SAA and suggested that it would make sense to submit similar applications and submit them as a package. Members of the SAA Summit agreed that Paul Meyer will prepare an application for the Western SAA and then share copies with the other SAA's, with the expectation that the three applications for liability insurance will be submitted together.

Communication Committee

Participants discussed the need for timely, accurate communications between AMDD and the SAA's, among the SAA's and between the SAA's and their respective LAC's. Participants also discussed whether a communication committee, appointed by the Summit, would facilitate communication or merely duplicate efforts. Generally, participants agreed that for statewide issues, it is difficult to distinguish communication as a separate function from the other functions of the Summit and, therefore, a communication committee is not necessary.

Members of the Summit agreed that, at the Summit level, the communication function includes timely communication regarding statewide issues, including legislative issues and follow through between Summit meetings to ensure that the three SAA's move forward together. It also was noted that the AMDD program officers can assist.

Members of the Summit agreed on the following structure regarding communication:

- Communication is an executive function
- There may be need for committees to work on specific communication issues that affect all SAA's, e.g. website development. Ad hoc committees may be appointed for such purposes as the need arises.
- Each SAA shall designate a two-person point of contact, the SAA President and Secretary, for official communication between SAA's or the SAA and AMDD
- Carol Davidson shall serve as the primary point of contact, especially for information intended for broad dissemination. However, Carol shall not function as a clearinghouse or gatekeeper. Each SAA shall designate one person to communicate through Carol. It shall be assumed that everything that is sent to Carol arrives with the approval of the SAA. Therefore, the SAA's should avoid sending conflicting messages.
- Each SAA is encouraged to appoint a Communication Committee to facilitate information dissemination within each region. Currently, Ellen Simmon and Jane Tremper East serve that function in the West; Joan-Nell Macfadden and Tom Peluso serve that function in the Central and Jim Littler serves that function in the East.

National Institute of Mental Health Grant

Jim Fitzgerald reported that Intermountain Children's Home had submitted a grant request. In submitting the grant request, IMC functioned as the agent on behalf of a coalition involving IMC, NAMI and the 3 SAA's. If approved, the grant would provide \$7,500/year for four years for the primary purpose of disseminating the most recent information regarding chemical dependency. The grant will provide a foundation from which the project will attempt to leverage additional funding. The project, if funded, will function at the state level on behalf of the 3 SAA's rather than used to fund a separate project in each of the regions.

Tri-Board Executive Committee

Members of the Summit discussed a variety of issues related to the role and function of the Summit; Summit composition; decision authority; and, authority and responsibility for decisions and work that must be accomplished between meetings. Several issues were mentioned during this discussion, including:

- The Summit participants should have the authority such that the Summit is able to make decisions that are binding on the SAA's.
- The Summit participants should represent their respective SAA's and honor the interests of the SAA's.
- The Summit should encourage consumer involvement.

- The Summit must be able to function effectively, not just during the meetings, but to accomplish work between meetings. The structure should promote productivity and efficiency while honoring our diversity.
- Summit meetings should be open, but decision-making should not be delegated to everyone who attends.
- The Summit is struggling with a developmental issue. We need to get organized to do work but, without the experience of doing the work together, we do not know how best to organize.
- This also is a trust issue. We have to rely on a small group of people to work on behalf of the larger group.
- The LAC's must be kept in the communication loop.
- The Summit and the SAA's can and should be used to make important decisions about the public mental health system.
- As we move forward, consensus is important to our ability to effectively influence the system.

Tom Bartlett moved, second by Jacob Wagner, that the Summit be comprised of the officers from each SAA and up to 3 designated representatives and that each SAA shall designate 2 of its representatives to act on behalf of the SAA between Summit meetings. Motion passed unanimously.

Additional discussion followed regarding the size of the Summit.

Mike McLaughlin moved, second by Bobbie Becker, that the Summit membership be comprised of the Executive Committees from each of the three SAA's, without additional designated members. Motion carried unanimously.

Joe Moll moved, second by Jim Fitzgerald that each SAA may designate alternates to attend Summit meetings in the stead of executive committee members who are unable to attend a particular summit meeting. Motion carried unanimously.

Summit participants agreed, by consensus, that the SAA's should designate the president and secretary to be the two people authorized to conduct Summit business between Summit meetings.

Summit participants agreed that the focus of the SAA Summit includes: 1) issues that the 3 SAA's decide are common issues; 2) issues that AMDD determines to be statewide issues; and, 3) facilitate information exchange among the SAA's.

AMDD Listening Tour

Joyce DeCunzo summarized the results of AMDD's listening tour. To date AMDD has completed 18 of the 19 stops on the tour. The final stop will be next week and Montana State Hospital. AMDD will prepare and distribute a formal summary of the results of the tour. AMDD will use the results of the tour to formulate its priorities. Joyce also encouraged the SAA's to use the results to formulate SAA initiatives.

Priority issues from the previous listening tour were crisis response and stigma reduction/education. Priority issues from the current tour include:

- Recruitment and retention of professional staff. Suggested solutions included loan repayments and payment for additional education.
- MHSP, including insufficient funding, the need to serve more people, the need to increase eligibility minimums and the need for consistency in the eligibility criteria for chemical dependency and mental health services.
- Crisis services continues to be an important issue. While crisis services should be consistent, there also needs to be flexibility to respond to the specific needs of each community.
- Transitional homes for people recovering from chemical dependency
- Mental health services for people recovering from chemical dependency

In addition to issues identified by people who attended the listening tour meetings, AMDD also has identified two priority issues:

- Presumptive disability – the capability to accept a person and provide a payment source to provide 72 hours of service who first present and are not already in the system.
- MSH census recently hit 212. More people are presenting at the state hospital. However, this is not just a state hospital issue because more people are presenting among all service providers. Apparently, Montana has a growing population of people who require mental health services.

Joyce emphasized the importance of focusing on priorities. A shotgun approach will not work. However, if we can have discussions among AMDD, the SAA's and LAC's and can agree on priorities and then all focus attention on those priorities, we can make progress with the Legislature.

Joyce summarized the time frames for the EPP/budget process:

- DPHHS will submit a preliminary list of priority issues to the Governor by 11/30
- Governor will return comments on the preliminary list by 12/31. Those comments will be based on a screening of the preliminary list against the Governor's key words.
- DPHHS will submit its "wish list" by 2/28 and the revised EPP list by 5/31
- DPHHS will submit is proposals for new legislation by 5/31

Participants agreed that, if the next Summit meeting is scheduled in January, a focus of that meeting should on the tentative budget and pending legislation. If that discussion does not occur at a Summit meeting, a conference call should be scheduled among the smaller group.

HIFA Waiver

Alexis Volkerts indicated that she was concerned about the request for a Medicaid waiver because it was her understanding that waivers must be revenue neutral. The proposal has some merit, but what will we have to give up to pay for it? Joyce DeCunzo explained that this waiver will not require any budget cuts elsewhere in the Medicaid program. The waiver will simply use the MHSP funds to match more Medicaid funds and then use the Medicaid funds to provide mental health services, including a hospital benefit, for that population and

add health benefit to the services available for that population. The waiver is not specifically for the purpose of expanding mental health services but it does include a mental health benefit for transitional youth. It also includes an expansion of CHIP and more children would be eligible for the mental health benefits within CHIP.

Paul Meyer explained that he is concerned by one aspect of the HIFA waiver. Approval of the waiver will cap the MHSP population at the current level for 5 years and MHSP already is under-funded. Thus, the demand for charity services will continue and could increase. Nothing in the waiver provides any relief for those providing charity care. However, Mignon Waterman noted that capping MHSP provides some assurance that the program will continue at that level for 5 years and, because it is 100% general fund, MHSP always is vulnerable to budget cuts.

Joyce explained that DPHHS has been working on the HIFA waiver for 2 years and fully supports the proposal. The comment period on the waiver is open until November 30. She encouraged the SAA's to review and comment on the waiver. Joyce also suggested that a knowledgeable response and a unified voice would be helpful. She acknowledged that some elements in the proposal are negatives but, from her perspective, the package, in its entirety, is good for Montana.

Joe Mall moved, Tom Bartlett second, that the SAA Summit coordinate preparation of a shared response to the request for comment on the HIFA Waiver and that the response express overall support for the waiver and also express concern about the implications of a 5-year fixed cap on the MHSP population. Motion carried unanimously.

The Western SAA agreed to take the lead in preparing the first draft of a response for subsequent review by the Central and Eastern SAA's. The Summit also requested background information from AMDD to ensure that the response was based on a clear understanding of the relevant issues.

SJ41 Committee

Bob Ross, Michelle Lewis and Jacob Wagner represented the SAA Summit at the last SJ41 hearing. The SAA Summit's presentation emphasized four talking points:

- The need for parallel eligibility requirements for CD and MH services, based on 200% of poverty
- Presumptive eligibility for people in crisis
- Payment for first time emergency visits for unenrolled persons
- Reimbursements for hospitals to treat crises in small communities, as an alternative to transporting people to the Montana State Hospital.

In addition, the testimony explained the importance of consumer services and drop in services as opportunities to reduce the need for crisis services.

It was noted that the SAA Summit presentation was well received and the Committee encouraged the SAA Summit to stay the course.

The next meeting of the SJ41 Committee is scheduled for January 26 – 27 in Helena. In preparation for that meeting, the SAA Summit, in cooperation with AMDD staff, will

prepare additional background information regarding the four talking points. This will include estimates of costs required to implement the proposals; estimated costs savings associated with the reduction in the use of other services; and, information regarding suicide prevention.

It was agreed that the 4 talking points should be broadly shared with the SAA's and LAC's. The SAA's offer an opportunity to prepare a common message regarding crisis services and to share that message.

Next SAA Summit Meeting

AMDD agreed to host the next SAA Summit Meeting. It is scheduled for January 11, 2006, in Helena. The agenda will include AMDD budget proposals and follow up work related to SJ41.

Transportation to MSH

Tom Bartlett reported that Sen. Weinberg requested feedback from the Western SAA and the SAA Summit regarding potential legislation to require more humane transportation to the Montana State Hospital. Participants offered the following comments:

- Law enforcement may not be receptive to this idea.
- A pool of consumers could be designated to assist crisis response personnel to help de-escalate people who are in crisis.
- Leather or plastic handcuffs would be a suitable alternative.
- Transportation ties up law enforcement personnel and equipment that could better be used for other purposes.
- Ambulances are expensive.
- As an alternative to transportation from the community to MSH, a pool of vehicles and officers could be located in Butte. The officers would receive CIT training. Costs would be shared by the state and the community and fees would be charged for each transportation. A variation of this proposal would be to located staff and vehicles at the regional health centers.
- Incentives to local Sheriffs' departments to employ a softer process, no uniformed personnel, soft restraints, etc.
- Mental health evaluations to determine the need for restraint prior to transport.
- Process to license consumers who have completed crisis response training to assist with the crisis response.

The SAA Summit agreed that this issue should be shared with the LAC's with a request for additional input.

Joyce DeCunzo noted that it was important to stay focused on the agreed upon priority issues because, if too many issues are in play at once, some or all could be more vulnerable in the legislative process.

It also was noted that the SAA's have a responsibility to honor Sen. Weinberg's request for input. The SAA Summit agreed that the response should include all of the input regarding

the transportation issue. In addition, the response should clarify how the SAA's worked together to get information and to set priority issues. If the transportation issue is important, but not one of the priorities, that also should be explained.

SAA/LAC/MHOAC Coordination

The SAA Summit agreed that there needs to be clarification of the roles and responsibilities of the LAC's, SAA's and the Mental Health Oversight Advisory Council and then clarification about coordination among the various entities.

Jim Fitzgerald volunteered that the Central SAA would take the lead to draft a white paper on this issue to stimulate further discussion among the SAA's and LAC's.

Other Issues

A consumer leadership conference was identified as one method to stimulate more consumer involvement and to help consumers participate more effectively. The SAA Summit agreed that this topic should be discussed at a future SAA Summit Meeting.

Dan Ladd noted that the LAC Tool Kit, that had previously been developed by Vicki Stull and Kathy Bailey, was in the process of being revised and updated.

The SAA Summit requested AMDD (Marcia Armstrong) to provide additional information regarding the Montana Homeless Coalition Board. Based on that information, the SAA Summit may consider whether it is appropriate to request a seat on the board.

Tom Bartlett agreed to take the lead in developing a standard business card for Michelle Lewis, Vice Chairman of the WSAA. .

MHOAC has scheduled a peer support training session on November 16 to be held at the Knights of Columbus Hall in Helena. Everyone is welcome to attend. However, persons should notify Carol Davidson if they intend to participate. Participants should bring their own lunch.

MHOAC has recently been expanded to include a designated representative from each of the SAA's. Initially, those positions were filled for a three-year terms. The expectation is that, as the SAA's become fully functional, these positions will be filled by recommendation from each of the SAA's