

# SAA Summit Meeting Minutes

## March 14, 2006

**Summit Members:** (8) Tom Bartlett, Paul Meyer, Heidi Davis, Mike McLaughlin, Tom Peluso, Michelle Lewis, Jacob Wagner and Molly Protheroe

**Guests:** (24) Joyc DeCunzo, Dan Ladd, Carol Davidson, Nancy Bartlett, Joan Hays, Mike Smith, Senator Gerald Pease, Rep. Jeanne Windham, Jane Wilson, Karin Billings, Klarissa Jensen, Julia Schooler, Barbara Mueske, Alexandra Volkerts, Bonnie Adee, Gene Durand, Gene Haire, Mignon Waterman, Marlene Disburg, Jane Tremper East, Boyd Roth, Linda Roth, Dale Gross and Charles Baker

### **Total Present: 32**

10:10 am Tom Bartlett welcomes everyone and outlines the agenda.

1. Tom Bartlett asks for resolution on the issue of who can vote at congress meetings. Back at the second summit meeting there had been one motion that past stating that the executive officers and up to three additional members from each SAA could vote when one was necessary for a decision. Another motion also past at that meeting limited voting rights to only executive officers. Clarification was given stating that each SAA should decide how many voting representatives will attend the summit meetings.

2. **National Alliance on Mental Illness Gives Montana an “F” in it’s National Evaluation of Mental Health Services** Charles Baker clarifies that we are third from bottom or 47 of 49 states evaluated and that the nation as a whole received “D” ranking. He expresses disappointment with this result. Joyce DeCunzo adds that she did not always think the questions were clearly linked to an outcome. She believes we have moved to a strength based perspective and has a problem with this survey because NAMI focused to problems not changes. The example given was PACT teams which data was skewed because of the numbers served. Joan Hays reads a part of her letter to the editor (Butte) recognizing that there is more to be done but we have done a lot and wants to recognize those efforts. Mignon Waterman recognizes the validity of some of the points while recognizing the growth that has occurred. “We accomplish a lot without a lot of staff”, she said. She believes we are headed in the right direction. The governor and AMDD recognize all the hard work that is being done. Alexandra Volkerts says this is a national report that points out larger issues that affect every state. They are: budget cuts, unpopularity with voters and lack of advocacy. The strengths identified are ones we have achieved (SAAs, PACT and Co-occurring programs). The needs addressed are those we are working toward. She asks that AMDD not take this personally because forward movement is being made. Tom Bartlett points out that even though Montana got a failing grade over all **we’re 11<sup>th</sup> per capita nationally in spending on mental health which is quite good.** Joyce has concerns regarding the scores from the report, and worries that people will give up hope. Tom Bartlett adds that **the purpose** of this nationwide evaluation is to bring public awareness nationally to the crisis in mental health services

up to this point and since this has been published there has been a positive outcome in getting legislators around the nation involved in working to make changes. The rating only reflects our past deficiencies. It did not take into account what we're doing now to make major improvements to our system of mental health services. Bonnie Adee would like NAMI to use the same energy to focus federally to get back funding for Medicare and Medicaid that has been cut drastically. Dan Ladd suggests that maybe the SAAs could write a response to NAMI (no action taken). Mike McLaughlin said this is an opportunity to focus our efforts on those criteria that we scored very low on in the evaluation.

**3. Bylaws Update** – The WSAA and CSAA have completed and submitted their bylaws to be filed with the IRS for non profit status. The ESAA has made changes to their bylaws but have not yet taken them back to the Board. Alexandra Volkerts believes they are close and that they have established a policy of annual membership to keep up with changing information. The next step will be Tom Morrison's writing of the letter to the IRS.

**4. MHOAC Overview** – Mignon Waterman updates the group to what the Mental Health Oversight and Advisory Council is doing. Two boards were brought together. She reports the council has been struggling somewhat with membership and leadership. It has seen resurgence with the new governor because of his interest in mental health issues. The laws have also been reviewed. Focus areas are: crisis services, criminal justice and mental health service link and peer support services. Mignon talks about the involvement of peers working at different levels including training, support and definitions of employment. Mignon suggests SAAs and LACs look at The Crisis Management Initiative for more information. She encourages a focus to funding. The Governor backs increased funding. The federal cuts will effect what money is received by our state. **We must all be united with our proposals**. Mignon explains the process for the block grant: a cycle for public service is being developed; focusing on what will be going into the grant; priorities for a grant will be identified; draft published in August for public comment and then submitted by September. The council has three slots for SAA members, one from each SAA. She is hoping that the SAAs will designate people to fill positions when the seats become vacant at the end of their current terms in 2008.

Tom Bartlett gives Mignon the priorities list of Crisis Management Initiatives prepared by the WSAA which the CSAA and ESAA have supported and were sent to AMDD. Tom Peluso adds that we want to be careful not that the two boards not duplicate their work. He suggests defining the roles of MHOAC and SAAs. He believes that the SAAs role should be on implementation and delivery and MHOAC is more of the strategic planner. Another issue is the separation of children and adults services which has increasingly made the issue of the SAAs responsibilities for children unclear.

**5. Alignment of MHOAC, SAA and SOCs** – Mignon Waterman said the Mental Health Oversight and Advisory Council are charged with the vision of the State. The SAAs and SOCs are charged with vision regionally and developing services for children and adults. The needs identified are then communicated back to AMDD. Mignon uses a restaurant

metaphor – “look at a menu and order what you want”. You do not go to the kitchen and cook dinner! The department becomes the kitchen. Jacob Wagner encourages the SAAs to include representatives from vocational rehabilitation in our organizations. Mike McLaughlin suggests a diagram may help explaining the different roles. This may be similar to what was discussed last meeting with the communications committee. Jim Fitzgerald is heading this group. Tom Bartlett, said Jim is attempting a draft of the plan. It was suggested that this be added to the website when it’s available. Anita Roessmann is also drafting the varying roles which Jim is using. Bonnie Adee suggests we approach this by how we think this can work verses what is in statute. Alexandra Volkerts said we can not ignore what is in statute. Mignon brings up the example of the summit replacing MHOAC which can not happen because MHOAC is legislatively driven.

Paul Meyer adds that co-occurring issues also need to be added. Joyce DeCunzo said that co-occurring is there and that service provisions need to address both.

It is in policy that LACs are to meet with the MHOAC. This was attempted by metnet, which did not turn out to be a good format. MHOAC then requested that LACs send their meeting minutes to MHOAC, which overloaded them with paperwork. Dan Ladd adds that it is hard for AMDD to get things posted on the State website. It may be better to use the SAA websites. Mignon asks that any ideas for how to help with communication between these two groups be forwarded to her.

Heidi Davis adds that communication is also an issue for the LAC’s to SAAs and MHOAC. Tom Peluso adds the KMA should be included as well. Karin Billings said KMA and the SAAs need to be in communication with each other and there should be a member of the SAAs that is on the KMA.

Paul asks if the KMA is involved in the discussions on case management. Karin said yes.

Mignon cautions us about being too prescriptive with language with legislation about communication.

Dan Ladd adds that all systems are in transition. Efforts are being made to clarify roles. That it is, “clear as mud” is acceptable at this part of the process. Tom Peluso adds that planning is prescriptive and it can be helpful with shaping the future. Alexandra Volkerts points out that there is overlap in membership and natural communication is already occurring. Clarifying this makes sense so that we are not “plowing up each others seeds”. Suggests building on what we have and then carve out specific functions.

**6. WSAA Website** – Charles Baker, our webmaster, projects the **awesome WSAA website** on the-large drop down screen at the back of the room. Jane Tremper East and Ellen Simmons also on the Information Technology Committee also did a great job in developing this website. Charles stated that his goal is for the site is for it to be the first place people go for information on mental health. The address is [www.wsaamt.org](http://www.wsaamt.org) the CSAA will be [www.csaamt.org](http://www.csaamt.org). It is unknown at this time whether the ESAA is planning to tie in with a similar site. Charles says this is a work in progress. Alexandra

Volkerts asks about linking providers to this site for consumers to locate resources and services. Joyce DeCunzo clarifies that there is a link to Medicaid providers now which may be able to be linked to this site. Tom Peluso asks for a link to crisis services. Paul Meyer suggests using the NAMI template for crisis services but that can also be linked to our website. Charles is the primary access to the website for changes. Suggestions for website can be emailed to him but requests that only one person from each LAC have authority to make additions or revisions to the website. Charles says there needs to be discussion about establishing policy around website distribution to help manage the site at the WSAA level. Bonnie Adee adds that links to the children's services would be helpful.

**8. Montana Mental Disabilities Board of Visitors** – Gene Haire, Executive Director passed out information on his department and his business card for contact information. The Board is administratively attached to the governor's office although statutorily independent. Board members serve two years and are governor appointed. The BOV conducts Developmental Disability activity related to MDC. They have three jobs: (1) run legal office at State Hospital, with an attorney on site, Craig Fitch; (2) provide assistance to individuals who have concerns about services being received; (3) onsite reviews of mental health centers in the State and compare to State standards. The standards are developed by the Board and results of reviews are published and available to the public. Gene welcomes feedback on standards at any time. Emphasis is placed on having family members and consumers both serving on the Board and with establishing the standards. Alexandra Volkerts asks that the reviews be available to the SAAs on facilities in their region.

Gene explains that after a review recommendations are made by the board to the provider who is asked to respond in writing to how they will respond or why they will not respond to the recommendations. If a provider repeatedly is out of compliance (must be egregious), the Board informs, in writing, the head of the department and the provider. The Board does not report with regard to licensing although it may inform the licensing board if concerns for safety exist. Paul Meyer asks about posting findings on the web. The information is not currently available on the State website but we can post on the WSAA website.

**9. Montana Mental Health Ombudsman** – Bonnie Adee - the focus of this office is on services, availability and barriers, etc. The position was developed out of concern for access to services under managed care. The office is not hearing about the same issues since the State has been managing mental health services. The main issue used to be predominantly for children that were trying to get access to coverage. CHIP (Children's Health Insurance Plan) has helped solve that problem. Now the big issue is the need for mental health services for people in the justice system (both children and adults). Bonnie encourages the SAAs to look at this as an issue. Another issue for adults is access to medications, mostly in the justice system. Data is being collected by the WSAA. Complaints were the highest in 2005 since 2001. In 2005 the highest number of complaints came from the western region, and the fewest from the eastern region. It may be an issue of awareness by consumers, the Ombudsman's office is well known. The

office makes recommendations only. Encourages again, reaching out to correctional system and supporting mental health service in such facilities. Bonnie encourages us asking that we do what we can to create more diversion, policies and practices, and elimination of stigma, etc. For juveniles approaching the age of 18 the big issue is around transition to adult services.

Mike McLaughlin asks if there is an equivalent to the Board of Visitors and Ombudsman in chemical dependency. Joyce DeCunzo answered no there is not at this time.

Tom Peluso adds that we need better participation from the substance abuse field.

Mignon Waterman adds that stigma is a big issue. There are people in the justice system because of things they have done as a result of their mental illness.

**10. Opportunities in Transportation** – Power point presentation by Marlene Disburg. Request from Marlene Disburg. Montana will be receiving \$ 20 million over the next three years for providing transportation to the disabled. What can we do??? Money can be available to buy and operate vans for mental health consumers. Discussion on how to use funds for transportation to Warm Springs has been discussed. A van used primarily for mental health use is possible, but it has to be in collaboration with others in community. It is vitally important that each LAC get in their local or area Transportation Advisory Committees in order to be a part of the planning process. The contact person for more information on the Transportation Advisory Committees in your area is Patricia Saindon – (406)-461-3615 [Psaindon@mt.gov](mailto:Psaindon@mt.gov)

**MOTION: Tom Peluso made the motion that the summit recommends to the three SAAs that they form regional transportation committees to study the needs for transportation of individuals with mental illness, identify a manager, including the training of peer operators. The motion was seconded by Jacob Wagner and passed unanimously.**

Alexa adds other money issues VR.

**11. AMDD Requests for Proposals** – Is posted on the State’s website for crisis services. Up to \$875,000 in one time federal funds will be available for award June 1, 2005. All proposals must serve co-occurring individuals as well. Joyce DeCunzo is excited about the effort, but the hard part will be choosing the plan or plans to receive the funding.

Executive Budget prepared for the Governor – by Monday March 20, 2006 information about the initiatives wanting funding must be submitted to the director of DPHHS. The base structure is submitted first and then the hard part is new proposals. Mental health is the number one priority for the Department of Public Health and Human Services. An initiative is being developed for almost everything on the crisis initiative. The one item on the SAAs’ priority list not being included in the budget request is “raising coverage for patients on the Mental Health Service Plan to 200% of the national poverty level from

the current 150% as it is for those with addictions. The issue is to serve more or to serve those who we are serving currently better.

AMDD is in the process of developing an HCBS ( Home & Community Based Services) waiver for individuals with severe disabling mental illness (SDMI) and have contracted with Jane Bernard for assistance in developing the waiver application. The target population for the waiver is individuals with SDMI who are at risk of nursing home placement or who reside in a nursing home, but could be discharged to the community if appropriate support services were available.

**12. Sharing Ideas Between SAAs** – Tom Bartlett suggested that all of us share ideas and work that is developed in our own regions with the other two. And if you would like help with a particular problem you're working on, please ask for assistance from the other SAAs. Obviously we can all accomplish more if we work together.

The next SAA Summit meeting will be hosted possibly by the ESAA in June, date to be determined.

Meeting adjourned at 2:55 p.m.

Heidi Davis, WSAA Secretary

Next meeting has been set for Billings on June 14<sup>th</sup>.