

CSAA Meeting Minutes
January 26, 2007
Intermountain Children's Home

Welcome and Introductions

Chairman Tom Peluso called the meeting to order at 10:10 a.m.; a quorum was present. Guests were introduced.

Attendance

Members Present

Tom Peluso, Dan Aune, Mike McLaughlin, Joe Moll, Jacob Wagner, Martha Bottelson, Jim Fitzgerald, John Beck (alt for Kris Denton), Marlene O'Connell, Lenore Stiffarm, John Kultgen (alt for Kathleen Nelson), Anita Roessmann, David Young

Members Excused

Vernon Bishop, Molly Protheroe, Kathleen Nelson, Kathleen Hartman, Gary Mihelish, Ken Weber

Members Absent

None

Guests: Jane Wilson, AMDD; Tracy Velázquez, Montana Mental Health Association; Bobbi Renner, AMDD; Daniel Ladd, AMDD; Elaine Bruce, Rocky Mountain Development Council; Rita Pickering, CMHB; Sharon Odden CMHB; ~~Ellen Cox, CSAA Recording Secretary~~

Staff

Ellen Cox, Recording Secretary

Minutes

A motion was made to approve the minutes as presented. Seconded and passed.

Treasurer's Report

Treasurer Mike McLaughlin did not have a formal report at this time.

Old Business

-Business cards and lodging: No action has been taken; waiting for review by DPHHS.
-Computer: **Motion: Anita Roessmann moved that CSAA purchase a laptop computer, a three-year service plan for it, and a padded carrying case--Tom Peluso and Ellen Cox to work out the details. Seconded by Martha Bottleson and passed unanimously.** Targus brand carrying case was recommended; Tech Soup suggested as a source for software as they have lower prices for non-profits.

Agenda: Review and Prioritize

Agenda was approved as presented. Center for Mental Health will share during AMDD Time item.

Legislative Review of (Past) Activity--Anita Roessmann, Tracy Velazquez, Mike McLaughlin, Tom Peluso

Anita distributed packet *Consumer Driven Health Care in Montana*: last summer, a proposal was made to have a separate forensic hospital building on the Montana State Hospital (MSH)

campus to house the Secure Treatment and Examination Program (STEP). This is a complicated issue. Some factors involved include:

- The Dr. X building would be remodeled to house STEP (at a cost of \$5 million).
 - The WATCH program, currently housed in the Dr. X building, would move to another building on the MSH campus; the new WATCH building would have to be remodeled (at state expense).
 - 46.5% of the population at Montana State Prison (MSP) has serious mental illness.
 - All mental health advocates have spoken against the STEP program proposal.
- MSP stays: the average forensic stay is 450 days; others 44 days.
- Department of Corrections (DOC) currently has approximately 12,000 people under supervision (includes parole and all prison settings).

Tom: The State Prison in Deer Lodge has approximately 2,440 inmates, 48% (1,171) of whom are mentally ill but do not necessarily have serious and disabling mental illness. These people do not have access to Medicare/Medicaid upon release so will need Mental Health Service Plan (MHSP).

Tracy: Once the STEP is filled, it may become a self-sustaining entity rather than a 2-year experiment. Two main concerns: 1) People who are being evaluated for competency are very fragile and should not be placed in STEP facility; 2) The Board of Visitors will have no oversight even though the STEP facility (a DOC facility) will be on the MSP campus.

Mike: The problem is with system design. The focus is on hospital-based services rather than community based services.

Discussion

- The Mental Health Oversight Advisory Counsel (MHOAC) sent a letter to the governor's office asking for expedition of the STEP/Dr. X Building project.
- Removing 60 forensic patients from the general hospital building would benefit the patients who remain.
- We are a transformation entity. Jail diversion is the direction we need to be taking.
- Dan Ladd reminded the board that CSAA and AMDD need to work together and present a *specific* community based plan.
- The Arizona model, if applied in Montana, would move civil commitments to the community and use the MSH for only for forensics.

Service Area Authorities 2007 Legislative Priorities (white "talking sheet")—Tom, others

- 72 HPE will apply only to MHSP users and the uninsured; all others will be covered by Medicaid, Medicare, private insurance or personal assets.
- CRT costs \$200,000 to \$250,000 a year to finance.
- True community needs won't be known until community services are adequately funded.
- Plenty of funding for community services is available for people who are Medicaid qualified.

Discussion

- Institutional care needs to be replaced with community programs like jail diversion, adequate mental health care, etc
- Change is systemic.
- Follow practices that can be measured at community health centers.
- Mental health programs are below par now and have a long way to go to be functional again.

facilities.

- Step provides targeted services to people who are in the Department of Corrections and DPHHS systems.
- Site review needs to be developed with a “blended list of standards.”
- If the funds dedicated to Dr. X Building renovation are not used, the dollars will go to other state building projects, not community mental health centers.
- Most of those who would be housed in STEP have Axis 1 diagnoses, almost all have Axis 2 disorders and drug or alcohol use.
- At discharge, people will have 30 days of medication and a written prescription, and SSI and SSDI benefits being researched and applied or reapplied for.
- Residents would receive treatment equal to any other patient at MSH.

Discussion

- We already have MSH and MSP that don't meet standards. Concern that STEP will be another program that doesn't meet standards.
- What about victims? Deb: Victim involvement is being addressed.
- Concern that the governor and DPHHS are looking at putting money toward STEP while not funding some of what SAAs regard as basic.
- Concern for how the legislature may view mental health advocates if they do not work together.

Back to the (white) talking page (Service Area Authorities 2007 Legislative Priorities) for Mental Health Day at the Capitol on January 29:

- Let's name an amount (for “fully funding the MHSP”).
- Put in a dog and cat bill.
- For specificity, ask that a pharmacy benefit be put in place to cover people's medication costs.
- Let's ask for more money for now for MHSP, SAAs, crisis care, and to hire staff to work on transformation which we'll have in place two years from now.
- If we keep money flowing in the system, we'll be increasing its capacity, thereby making it more ripe for transformation.

A Consensus Statement on Montana's Mental Health Priorities for the 2009 Biennium

(yellow page)

Discussion

- If we support STEP, there's no turning back. We'll be off track for transformation and there may be no money available for what needs to be done. If STEP is put in place, a whole infrastructure will come with it—jobs that people depend on, perhaps unions, etc. It is difficult to dismantle once it's there.
- Many STEP specified services are available now in the prison.

Motion: Dave Young moved to support *A Consensus Statement on Montana's Mental Health Priorities for the 2009 Biennium* with the following changes: Point 1 to read as follows: We urge a public process to fully consider STEP and alternatives before Montana makes such a long-term commitment of public resources. We support improved mental health services for convicted offenders but we cannot support the proposed STEP program at this time. (continue with second sentence to the end of 1 omitting the last sentence). Seconded by Lenore Stiffarm. Approved.

Other Business

Mike McLaughlin announced that the state rate for mileage has increased to 48.5 cents per mile. Since CSAA reimburses mileage at the state rate, 48.5 cents/mile will now be the CSAA reimbursement rate.

Adjournment

Chairman Peluso adjourned the meeting at 4:20 p.m.

AMDD Time—Rita Pickering, KMAs

Rita encourages CSAA to support HB 98 which provides for a means for agencies to pool their dollars for flexible services for children so KMA can pay for costs that Medicaid does not cover.

-When unbundling of mental health services funding occurs, it will have a huge impact.

-There are children in treatment who can not be returned to the state because of lack of placement options.

Motion: Lenore Stiffarm moved to support HB 98 for do pass. Seconded by Dave Young and approved.

Note: ~~Strikethroughs like this~~ indicate corrections. Underlines like this indicate additions.