

**Western Service Area Authority  
Board Meeting  
Wednesday, October 17, 2007**

**Introduction: (15)** Patrick Wayne, Chairman; Alyce Anderson, Vice-Chair; Royalee Bishop, Secretary; Paul Meyer, Treasurer; Charles Baker ; Brian Becker; Tom Camel; Brenda Desmond; Dan Morehead; Marty Onishuk; Denelle Peppier; Jennifer Robohm; Dawn Slaven; Geri Stewart; Stacy Wheeler.

**Ex-Officios: (3)** Dan Ladd, Alexandra Volkerts, Mary Jane Fox

**Guests: (10)** Jacqueline Finlen, Ron Ell, Karla Foster, John Honsky, Kay Jennings, Mel Mason, Barbara Mueshe, Vicky Varichak, Karen Ward, Jan Thronndensen,

**Public Comment:**

Stacy Wheeler-Winds of Change is holding an open house 10/24 from 11:00 am until 1:00 pm to meet the new psychiatrist.

Tom Camel-Reported on the multicultural conference held in Pablo. WMMHC sent about 60 persons. This is just the beginning of changes.

Dan Morehead-John Schroek has reported the low income HIPSA application has been completed and the 30 days comment period is in effect. Dan is requesting a Letter of Support from the WSAA. MAHCO will be presenting next week at the NAMI state conference. They will be discussing Crisis Services in Montana. One of the topics will be the crisis center in Billings.

Charles Baker- Stated the telephone conferences between SAA and the state may be in violation open meeting laws. He objects to non-accessibility. Dan Ladd advised that any meeting is an open meeting and everyone is welcome to attend. These were created to facilitate more communication between agencies. Charles does not feel there is adequate access with open consumer participation. He does not have problem with SAA's but with other conference calls. He feels the SAA's are grey area but the other calls are past that line.

Charles Baker- Reports he has heard that a number of people are looking at programs out of state (BHIF) and feels a consumer should be going and wants the WSAA to send a consumer. Dan Ladd advised the time is now for those going as they are leaving tomorrow. Dan advised that the legislature did not intent to send consumers to every single thing. Paul advised that a number of persons are interested in seeing what is out there and are investing their own time and money.

Melinda Mason-feels that consumer input needs to come after there is any decision. BHIF task force has membership from each SAA. They meet and make decisions and then consumer input is needed. They are looking at behavioral health in one location. Dan M. stated this sounds like a information gathering meeting and has no problem with this process.

PTSD Tom Camel-heard there is a bill in Congress to make PTSD covered in the State of Montana. Dan reports there are two ways to cover this as a service now; decrease services in another diagnosis or decrease funds to providers. He suggests going back to legislature when the time is appropriate to ask for funding for this.

Brenda Desmond brought up that this is a bigger issue than SAA's and there are only going to be more persons diagnosed with PTSD due to the current war and we need to keep an eye on the national level.

Charles Baker stated children of people with PTSD have a much higher rate of mental health issues themselves.

Mel Mason stated we should encourage more accuracy in tracking. The VA does pay for veterans and doesn't really care about the diagnosis. In looking at individuals; PTSD usually does not exist in a vacuum but is a part of other diagnosis.

## **LAC's**

*Lake County*-Tom Camel reports as new chairperson he is not active as yet as he is in a learning curve. The original LAC lost momentum and needs to rebuild with a project. No meeting was held last month due to the Cultural Conference.

Tom Camel reported some cultural training is available in regards to cultural

training. The be held at the YWCA on 11-2. The cost will be \$35.00. 541-6891 is the contact phone number.

*Missoula*-Marti Onishuk. During the last meeting they went through the criteria put out by the department and reviewed questions that were asked. They did not feel the questionnaire asked the questions to which they wanted answers. There continues to be a problem with consumers going to the ER and not getting their needs met. They would like to have a different entry point. Perhaps a separate part of hospital could be used for persons presenting with a mental illness or a different facility; a 23 hour crisis emergency room. There has been good attendance with both mental health centers participating. Some Poverello staff have attended at intervals and Partnership Health Center has historically been involved. Attendance has not been successful with Urban Indian Center. The meeting continues to be held on the third Monday of the month. Tom suggested the "Healthy Indian Family Coalition with contact person Ami Thurber at the YMCA. They are working towards healthy Indian families.

*Butte*-The New Gilder House is not breaking ground until spring. This is related to increased costs (200k). Gilder House will be providing detox beds, lock down beds and regular beds. There will be a psychiatrist and nurse on staff. This is intended to divert patients from the state hospital. Jackie Finlen, went to "The Village" program for training. This is the Mecca of the recovery model of the mental health care system. The focus is on employment. No therapy is done in the facility. The Village is more concerned with quality of life than the reduction of symptoms. Paul Meyer advised this is a totally different service approach. This program was originally developed to deal with homeless people with mental illnesses and with persons discharged from LA county jail system. They have done a remarkable job of dealing with a hard to reach population; getting them stable in housing and then moving to employment. The client's don't have to be sober or med compliant and yet can move forward. The persons in this program have a whole different set of problems. This population has a number of difficult problems due to increased homelessness. The Village has outcome studies showing when people given some ability to manage their own lives; they are able to make big changes. This is a population that has been written off. There is a 3-day immersion program for new staff to totally understand the concepts. They use a PACT type model (ACT). There are personal service coordinators as opposed to case managers and they employ non-traditional psychiatrists. ([www.thevillage.org](http://www.thevillage.org))

*Hamilton*-reports not seeing providers at the table. There is some attendance by the chemical dependency program but not by mental health providers. Attendance is sporadic. There was some discussion regarding psychologists prescribing medications even though NAMI is opposed. Transportation with Dignity should become a forefront issue with the WSAA. There was discussion regarding public input with a positive slant and perhaps a positive article in the paper. It was suggested dedicating December's meeting to legislative issues to get an earlier start.

Dan suggested that a portion of each WSAA be dedicated to the Legislative. The budget for the governor needs to be done in the next 4 or 5 months.

Paul Meyer – St. Patrick Hospital (SPH) has had several meetings and they want to take lead with MSU to develop APRN programs and will need clinical sites. SPH is to be commended for taking the lead in this area. Graduate schools must deal with the Board of Regents and Legislature. Melinda Mason reported this will take a year or two to develop. Paul Meyer-The Board of Regents supports the training of APRN's and this needs to be presented to the legislative agenda in a number of venues.

*Kalispell*-no report.

*Libby*-invited everyone who attended the health fair last year to come to the LAC. A mentally ill person in Libby held gun to someone's head. This situation reflected badly on all persons with a mental illness. The ambulance personal continue to not want mentally ill persons in the ambulance. A policeman reports he takes people to jail or if he considers their condition severe; takes them to the hospital. It has been difficult to get consumer participation. The day of the meeting has been changed to the 2<sup>nd</sup> Tuesday at 2:00 in the WMMHC basement meeting room. The newspaper did a wonderful job regarding new director Mary Ann Smith. Alyce feels that as time goes on there will be more participation. The LAC is trying to work towards educating the community and developing the crisis response system so it totally functions better even though there have been improvements. They are working on the anti-stigma campaign. They want the community to see individuals as persons of value and not as an illness. Stigma and apathy are evident in the entire community in all areas.

**AMDD Updates:** Dan Ladd advises that drop in centers and recovery

grants are for one time start up money. With good outcomes; it could be continued to be funded. These grants will be coming out November 1<sup>st</sup>. Persons applying need to be creative with different approaches. There is only \$450,000 for entire state.

AMDD has hired contractors and they are designing the 72-eligibility program as well as the telemed project. Suzanne Danielson is the contractor and will ask each SAA to give in writing how they want the funding to be used in each region. Dan suggested each SAA have 2 people come together and write down what they would like to see how this should come together. These could then be written into the ARM's. AMDD is hoping to have the program up and going January 1<sup>st</sup>. Input is needed immediately. Charles Baker has offered to write a letter as a starting point to send around.

Brenda Desmond-can we be told on what decisions you are soliciting information? HB2 determined the funding would be in hospitals and crisis houses. If the money is used well it will be funded again. The goal is to divert person from being admitted to the state hospital. It should also be considered that a very good job could be done and the numbers may rise for the state hospital. The ball park dollar amount for the 72-hour presumptive eligibility program is \$1100 per admission. Generally \$600/\$300/\$200 as the person becomes more stable.

Mel Mason-stated the definition of crisis needs to be formed. There was a great deal of discussion on what criteria constitutes a crisis. This funding is capped at 1 million per year. Billings Crisis Center average stay is 8 hours and they could get 1/3 of \$600.00. If the same persons continually use the money it will not be funded again (recidivism). There needs to be a process for getting people into services to avoid losing the funding by repeaters. This won't have federal requirements. KIS is the best process. The outcomes need to be measurable.

Marty Onishuk was interested in applying for grants and would like information on who was going to apply for what. Winds of Change is planning on applying for some of the grant money although they don't have anything concrete. This funding is for services.

Peer support could also be funded under 72 hour support. This would require a lot of development. There needs to be a NO WRONG DOOR entrance. Can it be group home, crisis center, therapist, etc? Already

consumers are going elsewhere for a couple of days and then are still going into the state hospital and if this program does not show a decline in admissions; it could end up being the high utilization counties that develop programs that potentially could lower state hospital numbers.

Paul Meyer-stated the 72 presumptive eligibility hour needs to be at such level to keep people from having to enter to Montana State Hospital. This is a finite item-when the money is gone it is gone.

Patrick Wayne-stated if the pilot program shows money invested early can save money in the long run it would be more adequately funded. .

Brenda Desmond-program could be everywhere but funding is the issue. Even if you divert persons from courts/jails then where do you divert them too?

Alyce Anderson stated the MHC is responsible for all Crisis calls. Approx 75% of the mental health center calls are for non-mental health center clients.

Dan Ladd advised this is a planning decision and if the funding is spread out too thin there would be no way to track outcomes. The goal should be all qualified providers; which could be a Safe House. Dan Morehead stated he is hearing discussion about rural services. It needs to be designed to show results in one year in order to get additional funding in future years.

Charles Baker and Melinda Mason and Paul Meyer, Tom Camel and Stacy Wheeler, Dawn Slaven and Alyce Anderson will be the members of the committee to develop information/planning as this needs to be done within a couple of weeks. The better is it set-up the smoother the transition. Persons without income will show up as MHSP. The 72-hour presumptive eligibility program is for those with no other payer source. This information will be disseminated back to the board.

**Compensation:** deferred to next meeting.

**Listening Tour:** Alyce Anderson stated the information did not come out in time for participation in the Listening Tour.

Alexandra Volkerts advised housing is always an issue. This is base support. Housing in all forms- temporary housing as well as permanent safe affordable housing. Employment-being able to work without losing Medicaid. If you work you get penalized. Alexandra Volkerts advised Marsha Capps is appointed to Social Security Board to rewrite issues.

Tom Camel wants multicultural competency as one of the focuses for next year.

Mary Jane Fox advised the PTSD issue needs to be brought more to the forefront.

Brenda Desmond discussed forensic PACT teams and the jail diversion programs.

Dawn Slaven advised that Section 8 Housing vouchers are currently frozen.

Tom Camel would like the White Bison program integrated.

Marty Onishuk-feels there needs to be a focus on transitioning of youth to adults in relationship to funding. She advised that some states allow funding to go until the person is 21. Children's mental health services are not within federal guidelines-to 21<sup>st</sup> birthday. The state has adopted covering children until their 19<sup>th</sup> birthday.

Dan Morehead asked if there were any concerns with the HIPSA. It strictly affects Missoula County as a low-income designation only. This would assist with student loan repayment programs- 25K first year and 35K the second year. The low-income designation gives a score of 15; the higher the score the better. Dan Morehead requested endorsement from the WSAA. Brenda Desmond moved the WSAA endorse the HPSA application designation. Patrick Wayne seconded and this was passed without dissent. Dan advised this dovetails really well with the APRN program..

**Treasurer's Report.** Paul Meyer

Beginning balance		\$16,138.22
Travel	( 3,988.06)	
Rent-room	( 300.00)	
Web services	( 375.00 )	
Total Expenses		( 4,663.06)

Ending Balance

\$11,475.16

Stacey Wheeler moved to accept Treasurer's report as written with second by Dawn Slaven. Treasurer's Report accepted without dissent.

**Budget-**Tom Barlett had proposed a budget for spending the funding from the legislature. The original budget did not include LAC's but they have historically been funded. Each LAC should write individual letters requesting funding. Paul Meyer has the authorization to fund upon request. Alexandra Volkerts reports \$200.00 for each LAC each 6 months. LAC's are not utilizing the existing funds at this time. Dan Ladd advised that he will send out template for legislative audits so all the paperwork is in place. The reports given out today meet all the requirements of the AMDD.

Public Comment: PTSD Tom Camel reported hearing about a bill to make PTSD covered in the State of Montana. Dan reports there are two ways to cover this as a service now; decrease services in another diagnosis or decrease funds to providers. He suggests going back to legislature when the time is appropriate to ask for funding for this.

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Meeting adjourned at 12:10. Long Range Planning Committee will meet following lunch.

Respectfully submitted,  
Royalee Bishop

**The next Board of Directors Meeting will be Wednesday November 28, 2007, 10:00 a.m. to 1:00 p.m. St. Patrick Hospital, Broadway Annex**

Conference Room 1 - Missoula, MT