

WSAA Congress Meeting Minutes

March 15, 2006

Chairman Tom Bartlett called the meeting to order at 1:15

Tom announced that the bus from Kalispell apparently got lost and will not be coming to Congress.

Introduction of participants: **27 people present**

1. **Medicare part D** - Alexis Volkerts handed out the Medicare Part D appeal process and the group discussed the state extension for 90 days until March 30 and the problems with obtaining prescriptions when not on the plan's formulary.

2. **WSAA/ LACs** - Tom Bartlett discussed the role of LACs, which are consumer driven local groups that also include stake holders from many areas that are affected by mental health services. 5-6 LACs are currently functioning in the WSAA region. Drummond, MT gets services from Missoula. There was also discussion about starting an LAC at Montana State Hospital (MSH) through the Butte LAC and one at the prison in Deer Lodge. Western Montana Mental Health Center serves the prison now; it provides the staff for the mental health unit including case management and 3 therapists working within the prison. The group discussed having someone from the prison and Montana State Hospital staff member from the Board of Visitors (attorney, Craig Fitch), come to WSAA meetings. Tom Bartlett will follow up.

3. **Website Development** - Charles Baker gave a demonstration of the new WSAA website that it provides access to a calendar, minutes and agendas of meetings, resources and LAC contact information. Also news about mental health issues links to resources, and ability to submit questions to the webmaster. It gives us the ability to allow miniwebsites for the LACs. The CSAA has asked to be a part of the same website but using their own page. The ESAA is still considering how they will proceed. The URL address is www.wsaamt.org

Several other URLs will work: wsaa.montana.org or wsaamt.com will also come to the correct site. Marion Thompson (Lou Thompson from AMDD's husband) is graciously hosting the site for free on his server. The domain names have been registered to the WSAA and CSAA. The goal for this website is for it to be the first place people go for information about the mental health system in Western Montana, and if the three SAAs combine, for the entire state. Currently, CSAA has agreed to combine with the WSAA website. Charles expects to make most updates within a week, which is very responsive for turn around times. The site provides WSAA's Mission Statement, mental health links to resources and agencies, WSAA contacts, agendas and minutes, publications from WSAA such as our Strategic Plan, a regional map showing the WSAA region including counties and towns, and a calendar of events.

The group asked about reciprocal links from the site WSAA offers to: National Alliance on Mental Illness (both National and Montana), the Montana Mental Health Association and

AMDD, etc. The group also discussed and recommended links for adolescent services such as crisis hot line for teenagers, suicide hot lines, school counselors and other resources specifically for adolescents in transition to the adult world. Additionally there were suggestions to develop categories so if someone wants crisis services they could have a list to choose from such as: crisis services, grants, benefits, long term supports, peer to peer supports, Native American resources, etc. Charles said if you have a suggestion for additions send an email to his WSAA contact site address listed under the heading WSAA Contact on the Home Page or wsaamt@earthlink.org

Email is the best way to pass information to Charles as the webmaster.

Currently the website has no page limit, but it becomes somewhat unwieldy if it has too many pages. Also Charles wants to link to resources' websites, not actually list each resource or person. This means the actual resource keeps the information updated, not Charles. Websites can raise funds in at least two ways: Google referrals from advertising and enhanced website listings that are paid for by providers, support services, or supporters of the activities of the SAAs. Changes to information about LACs should be emailed to Dan Ladd and to Charles so he can update the LAC information in the WSAA website. Right now Dan and Charles are communicating, so if only one gets the update they will share the information, but at some point Dan wants to step out of the circle.

4. Crisis Intervention Priorities List - Joyce DeCunzo reviewed the process for developing the Governor's budget at the Summit and informed the WSAA that the priorities list that WSAA developed is forming their requests for the Governor's budget except for the request to increase Mental Health Services Plan (MSHP) eligibility to 200% of poverty. It was the legislature that changed MSHP eligibility from 200% to 150% so even if the Governor's budget doesn't include it, WSAA can still work with individual legislators to push this to compensate for prior legislative cuts. The Governor's budget won't include it per AMDD discretion, that is, not to ask for more general funds for the MHSP. Other options to go forward run the risk that if the legislature were to increase MHSP to 200%, they may or may not provide enough money to other needed services requested... So the legislature could cut funding from the Governor's list of other services to keep total mental health spending within Governor's budget. WSAA can educate legislators on issues of importance to us. **Lobbying only occurs when the legislature is in session**, so consumers and the SAAs can educate legislators about issues of importance to the SAAs right up to the legislative session, and then testify on issues as requested by legislature and at public comment sessions. Members can also testify as individuals as to their preferences and individual experiences.

5. Transportation - Dawn Slaven provided the amended transportation report from John Honsky, with new information he added from the previous WSAA Board meeting. [Transportation Report - The Shackling of Non-violent and Non-Criminal Patients in Routine Transport to Civil Mental Health Hearings](#)

(Continued)

6. **LAC concerns - Hamilton** is concerned about transitioning folks discharged from MSH to the community. Local supports need to be set up in advance.

In **Superior** a teen consumer is concerned about having medications evaluated by a second psychiatrist in a timely manner. His concern is that psychiatric nurse practitioners (PNP) may not be qualified to completely understand psychiatric medications before they start writing prescriptions and especially without doing a preliminary evaluation. He had to go to the Internet to find out about the possible side effects since his prescriber didn't giving him any information. He tried to get in touch with a psychiatrist for a week before getting information regarding his medications. Paul Meyer, WMMHC, Executive Director, stated that it is possible to get a second opinion in areas where there is a second provider, but it is difficult in areas where a PNP comes in for short time to provide prescription services to a rural community. He is willing to look into it to the situation to see if he can find way to provide for second opinions in Superior.

All prescriptions require a full work up in advance to determine what psychiatric symptoms a person is dealing with and what you hope to accomplish with the prescription. A second ^{question} was - how to work with person you don't like. Paul noted that WMMHC tries to help provide a second choice since effective treatment usually requires that you trust the person you work with. He finds the only insolvable problem occurs when the consumer doesn't want to take any medications and will oppose any doctor who prescribes medication.

Other participants also suggested calling the Mental Health Ombudsmen, Bonnie Adee or Brian Garrity 8-5 Monday through Friday at their toll free number 888-444-9669. You can leave a message at any time, even when they are closed or email badee@mt.gov

Paul reiterated that the first step for a consumer is to tell the provider, "This relationship is not clicking; I want another person for case manager, psychiatrist, or whatever."

Another youth from Superior asked, "What are we supposed to do when someone at school has an obvious mental illness and we have concerns about their well being. Counselors say there is nothing we can do; it's in God's hands." These are kids who have tried to commit suicide. The problem has been identified as one where the school is not providing any services or supports for kids in crisis. Paul noted the Mental Health Center is right across from the school and suggest they go there or after hours they can call the Western Montana Mental Health Center's Superior office number.

Kids at 16 can obtain their own mental health services without parental consent but it may also help if parents are involved since they can really advocate for their child but may not know the depth of the teenager's problems. The Police department or 911 could be their last resort. A person can be held in an emergency detention for being a threat to themselves without being a threat to others, but run a risk that as a juvenile they may end up in worse shape since police/sheriffs are not generally trained to work with people with mental illness or suicidal tendencies.

Concern in **Polson and Ronan** is that there is no crisis response available to them. If a person calls the mental health center (MHC), they are told that the MHC can't help. If someone

calls the police for the person who is suicidal, they say there is nothing they can do. Paul Meyer explained that crisis services funding were severely cut by the legislature, so unless the county agrees to pick up the cost, crisis services may not exist in some areas. Larger counties have picked up crisis services costs, but Lake County has not. This is why it is critical to obtain crisis response funding for the state, not just in a few areas.

Paul Meyer noted that where WMMHC has mental health professionals (professional staff that respond to crisis calls and do face to face evaluations); a close relationship with the local hospitals exists. The police often pick up a person and take them to a local or regional hospital for evaluation. Then you can get a person into treatment. But if the person is not demonstrably at “imminent risk”, they may be discharged and may languish without services until the crisis either escalates or a new crisis occurs. Families may know the inevitable is coming but they have no legal handle until the person crashes. “Imminent risk or danger” and predictable deterioration are both a basis for commitment. Alexis Volkerts noted there are other avenues to obtain help if you plan in advance. Durable powers of attorney and advance directives can transfer authority to trusted people to obtain medical or mental health treatment for the person in crisis, if they know they have a mental illness and plan for a crisis. This solves some of the problems with authorizing services but not the problem of paying for services.

It frightens one consumer that a person can go to a Mental Health Professional and a mental health center but still be refused treatment even when the person is “falling off the cliff”. She asks that the MHPs spend enough time with a person to determine what his or her real mental state is, rather than a quick evaluate and release. Other consumers were concerned that once a person has cut or harmed herself, the consumer “can’t get any help from Guilder House (Butte) for 24 hours after she has hurt herself”. This seems “insane” since a person only hurts herself when she is really desperate. That’s the time when providers should never refuse services. In Kalispell according to one consumer if an individual needs to be taken in for treatment at the Safehouse or Pathways Treatment Center but says “No, I don’t want to go”, the person doesn’t have to go. There was continued discussion about commitment standards.

One participant noted that the current commitment standards allow family and professionals to request community commitment if they believe the person is likely to deteriorate, as a preventative measure so there is no need to change the commitment statutes. Another person stated that there is very little understanding about community commitment among people in the legal and judicial system. **The courts seem to either commit to MSH or release, without really exploring the options to provide supervision and supports in the community.** A mother talked about using negotiation with the person in crisis, “If you will do these things, I won’t request commitment”. She found that the Libby Day Treatment Center was a wonderful resource for a person who was feeling suicidal. Other people suggested calling your family physician for medications if you know what works for you. Another consumer was concerned because she is prohibited from talking to her husband who is in group home in Kalispell. Paul Meyer will follow up to see what is going on. A participant noted that you have to be either very high functioning or so debilitated someone will take over, which forces people into crisis to get the help they need. She stated there seem to be few services for people who are in between these two areas of functioning that suffer the most. Another member talked about how most of the consumers at the WMMHC in Libby have developed written crisis plans which

they keep with them so they are available when needed. Alexis Volkerts offered to get a copy of the advance directive Montana Advocacy Program developed, based on the Bazelon form, for the WSAA to distribute. She also noted that an advance directive is available directly from the Bazelon website. Other participants pointed to the WRAP program offered by the Montana Mental Health Association as a method to plan ahead and provide community supports before a crisis.

Next WSAA Congress Meeting - Tom Bartlett announced that the next Congress meeting will be held on June 21st here at St Patrick Hospital in Missoula from 1:00 – 3:00.

Meeting was adjourned at 3:30 PM

Respectfully Submitted,

Alexandra Volkerts,
Acting Secretary.