

Western Service Area Authority
Congress Meeting
Wednesday, June 20th 2007
1:00 – 3:00 p.m.

Membership Forms and Travel Vouchers – Sign in Sheet

Welcome and Introductions & Public Comment:

Alyce Anderson nominated Patrick Wayne and Kelly Sather for the Board of Directors for current positions that have been empty.

Patrick Wayne has suffered from major depression most of his life. This has placed him in a variety working and living situations. He has been in the service, worked in engineering firms, spent time in monastery and most recently worked for the railroad. He spent June-Nov of last year in the state hospital and is now interested in continuing his recovery by participating in the movement to improve the mental health care system.

The nominations were seconded by Connie Hebert. A discussion followed.

Charles Baker questioned whether or not Kelly Sather should be an ex-officio board member. It was agreed that she is eligible and is also interested in being a regular board member. Alyce feels she would be good addition to the Board as she works in the public defender's office and serves individuals who are being involuntarily committed. Alyce proposes these individuals have one year terms in the event the LAC's become organized. Alyce also requested that Dan Morehead consider becoming a Board member in September. He is in agreement with further information. Motion passed to accept both Patrick Wayne and Kelly Sather as board members.

Charles Baker reminded everyone that every WSAA member has a vote during a Congress meeting.

Consumers Asserting Leadership in Montana (CALM)- This is a new organization that has been formed and is driven by consumers to fight against stigma and promote recovery in the State of Montana. They are

providing opportunities for consumers to develop support among consumers. There is some misunderstanding that CALM is competing with the SAA process. This is a misperception. CALM is another consumer resource within the mental health community. Membership forms were given to group at large. This is a non-profit organization in the making. The website for CALM is: www.calm4us.org . Charles Baker stated CALM is not subverting and replacing any services but coming together to support each other.

Advance Directives - John Honsky stated that about 2 months ago he attended a teleconference. It was specifically in reference to psychiatric Advance Directives i.e. finding templates and how to initiate the use of Advance Directives. NAMI started the process some time ago. There are direct advantages to psychiatric Advance Directives. This has a lot of promise for consumers and providers. It can cut through a lot of the bureaucratic red tape if a patient presents with mental illness and this information is available online or through medical records. This can decrease the need for involuntary commitments. The Advance Directive outlines care when the client is incapacitated and it provides information on how to best treat the client per his or her instructions and information given in the Advance Directive document.

During a point of crisis, individuals and families have little say. This is according the Montana statute. The information contained in PADS (psychiatric advance directives), is medications, hospital choices, releases for families and documentations on actions to take. This empowers consumers, enhances communication, facilitates timely interventions, and reduces adversarial litigation. A provider can help the consumer complete a PAD. This would give advance instruction of what treatment to proceed with if crisis presents, consent or refusal of meds. Hospital preference and it also contains information regarding mental and physical health that may be helpful.

Health care power of attorney is given to someone you trust, in order to negotiate your care when you can't make that decision for yourself. NRC-PAD has resources and you all can sign up for their newsletter. A number of presentations are available on the site.

Montana Code Annotated: Montana law states that an inpatient facility that is furnished a copy of the mental health directive shall comply and make it part of the medical record. This is seen as being a standard of care. A legitimate advance directive is a notarized document. It is best to

start out doing something that doesn't need to be revised. A durable power of attorney provides for someone to speak for you. You also need to identify allergies and sensitivities to medications or other substances including rubber and latex products. It is also helpful to have your pharmacy and phone number. This allows the provider to have accurate list of medications.

Alexandra Volkerts stated that MAP has a form that was adopted and will meet Montana needs. This could potentially be addressed in the Long Range Planning Committee. Call 1-800-245- 4743 MAP to obtain copy of their Advance Directive. Brooke Jaqueth, Summit ILC Msla LAC has offered to go to Missoula Choices Bank. The form that was available has been moved from Missoula to Helena and this has to go through Helena. Joan Eliel (444-0660) is the contact person. The Choices program considers physical issues but does not necessarily consider them life ending situations.

Charles Baker reported that in doing the WRAP plan the person also completes an Advance Directive. CALM is also contacting or considering Network of Care.

Marty Onishuk reported NAMI has 9 week Peer to Peer program that also does Advance directives.

John Honsky-To summarize there are an Advance Directive a number of ways and alternatives to complete advance directives. Having a written statement is not binding but having a durable power of attorney which is notarized is legally upheld more successfully. All health care providers are required to ask if their client has an Advance Directive and, if so, obtain a copy of it to be paced in the client's chart. The job of the consumer is to have the Advance Directive available and completed.

Suicide Prevention Network- Maureen O'Malley is a Social Worker with the County health department. The position has been in existence for 4 years. It was the result of the history of the area 4 years ago. The CDC has a mandate that every State have a Suicide Prevention plan. This is online at the State website. Currently the plan is focused on youth suicide prevention. They are operating under a special grant; the Garrett Smith Memorial fund. This was created by Senator Smith who lost a teenage son to suicide. His son had been in and out of treatment for mental illness and CD treatment He felt that his story should be told. "Remembering Garrett" focuses on 10-24 year olds but includes others because anytime a suicide is completed it

affects everyone. Over the last 100 years of record keeping, Montana has always been ranked among the top 5 states in the number of suicides. Montana is currently ranked second in the nation. We remain at about 2 times the national death rate for suicide. It may be higher as the coroner can only count cases that are confirmed. A number of other cases are suspected suicides but no suicide note was left so it was determined to be accidental. Currently all interested persons are being asked to call Denny Rehberg to extend funding. This is HR 2511. There are 12 projects across the State. The focus has been on prevention, early intervention, easier access, and stigma reduction. The work is collaborative across the state. Missoula is participating in gate keeper training that provides information regarding recognition of suicidal ideation. The trainings are offered free of charge. They have trained between 2500-3000 persons to date. They start the work through EAP's in the school. They speak with professional groups or neighborhood groups. They have been talking with bartenders. A person under the influence is 6 times more likely to make attempt. They are attempting to focus on what is available and to maximize services. This is done annually. Prevention and Awareness week is during September. There will be a Memorial walk to remember those we lost and to support survivors. They will also do mental health screening that week; work with TV to present PSAs. Website: www.co.missoula.mt.us/health. They can answer some questions. They work in schools on the yellow ribbon project. They hope to provide an awareness campaign in all the schools in the county. They advise curriculum development for schools. They also develop crisis teaching. In addition, monthly mental health screenings are provided at the health department free of charge. Sometimes, it is individuals who want to get some specifics about symptoms and advice who to contact etc. 1-800-273 TALK is a suicide hotline which switches to Voices of Hope who have trained volunteers. This is a national hot line. They hope to have a bill board today. They are working with hospitals to look at what problems are presenting and working with everyone who comes to the table. Four hundred thousand dollars (??) has been allocated to take a more in-depth look at what the needs are for adults. A DPHHS person will be hired. Voices of Hope-Great Falls has statewide hot line (see the number above). They are also working with law enforcement on safety locks for guns. The number of guns available is one reason for the high suicide numbers in the State of Montana. Research shows that if person has plan, and they can state the plan, it is rare they will deviate from that plan. If a child can not get to that gun it is unlikely they will switch to another plan such as pills poisons etc.

Charles Baker pointed out that 1-800-Suicide has been assigned to SAMSHA.

Vocational Rehabilitation – Janet Van Dyke is Regional Administrator for Voc Rehab in Western Montana-Voc-rehab is about employment and everything necessary to find a job. This is a State/federal program that has been in existence for 80 years. The first step is to document the disability and see if it impedes employment and if the individual needs services from Voc Rehab. The disability has to be long term. In Montana, the practice is to take an application on students at the IEP at exit year or prior if they are not going to graduate. There are many types of services, academic, OJT, job coach, job search depending on what is needed to achieve an employment outcome. Benefit Planners at independent living centers can help determine what impact employment would have on benefits if they obtain employment.

Lynn Winslow provides advocacy services.-. CAP is an acronym for Client assistance program. The client must first schedule an appointment to meet with the VR counselor and complete the application paperwork. If he/she is determined eligible, they will work with the counselor to develop an individualized and appropriate written plan designed to get the person into employment. The services outlined in this plan are provided while the person works toward his/her goal of employment. This group also works with tribal Voc-rehab. Voc-Rehab will make sure the job is stable before closing the case. Contact information: 1-877-296-1197.

Tom _____ is a premier photographer for the disability rights movements-with the Road to Freedom bus. They will be showing art work June 28th at Caras Park on The road to Freedom Tour. This group has been on the road for 6 months. They are hearing stories, filming interviews etc. and will be going back to DC to give testimony to national groups as well as senators and representatives. They are trying to do a restoration act as courts are taking away rights.

Marsha Katz- is housed at the Rural Institute at UM. She is on the National Social Security Board and very involved in writing PASS Plans. MAP has an additional person in Helena office and can help with employment issues. Benefits Planners will work with individuals regarding what they want for their lives in terms of employment and Social Security benefits.

All publications are available at www.ruralinstitute.umt.edu.

A person should have a good benefits analysis before going forward with a PASS plan. There are a number of tools to maximize income. However, you need to keep track of certain information. “Don’t Look for Logic by Marsha Katz” is an advocate manual for negotiating the SSI and SSDI programs. The eligible person can set aside monies while on SSI to achieve goals. You can set aside Social Security monies aside and still get SSI. The **Rural Institute** can help with this. If there are problems in regards to Social Security, email her adaptmt@aol.com and she can take it to Washington. This is a vehicle for the voice of the disabled community.

MHSP waiting lists at WMMHC Charles Baker discussed the waiting list. He reports it took him 2 months to get services. He understands that the waiting list which exists now goes back to November. Paul stated MHSP program has a waiting list except for crisis intervention services. As of this week, they intend to contract with community health clinics. MHSP is going to be opened up to private psychiatrists. However, this may not alleviate problems as private psychiatrists are also full. There is some additional money for medications which is not new money, but rather funds that came from the tobacco funds. Courtney Collier Rudbach stated that in Kalispell they have dedicated a staff member to complete up to three visits until the person can get an appointment with the mental health center. It will be charitable care. It makes sense to follow former patients while they are on waiting list to be seen at mental health center as opposed to having a re-admission. St Patrick Hospital has purchased additional 4th MHP so care could be given and have next day appointments.

Michelle is going to request Tom Barlett put 23 hour crisis hospital stay as an agenda item in the future.

Psychiatrist Development Group –Dr Hoelle is retiring and sent letters to 600 patients with this information. This indicates that at least several hundred persons could be without psychiatric services. Dan Morehead is running an informal group to discuss possibilities to increase the availability of services. The next meeting: Monday June 25th 1-3, patients, patient advocates, providers all levels and government bodies are welcome and have been invited. The goal is to come up with some solutions for affected group. Mary Hutton is spear heading a group to continue to work in this area. The

third part is long term, in regards to, planning with others to resolve issues. Medication management is critical at this point. Dan has emailed Senator Weinberg regarding the pros and what were cons of his defeated bill and whether or not this should be resurrected. They are discussing why this is community issue and not just a mental health issue. They hope to be able to provide answers to displaced persons for the interim and build a legislative agenda. They are trying to get word out and are hoping to get a broad base of stakeholders to attend. They are hoping to have patients and patient advocates at the meeting. Alexandra Volkerts handed out the article regarding Dr. Hoelle.

Dan is handling email at mslamentalhealth@gmail.com

What Are Your Concerns and Questions about Mental Health Services? What Changes Should be Made?

Charles Baker reports his MSTR program is a solution; with evidenced based programs. Each community would write up a grant and a proposal. In order to be funded the second year, you would have to have met some criteria during the first year.

Alexandra Volkerts stated that employment is huge issue for people with disabilities. People want to work and yet find challenges at work due to stigma. Housing is an area that has not been discussed and certainly is a problem. Crisis treatment also needs to be a focus. It is what is most noticeable.

Michelle Lewis stated the 4 recovery markers: housing, employment, symptom interference, and substance abuse. We need to use the strategic plan. Consumers want to stay out of crisis and stay in home community.

Connie Hebert complained that persons coming out of group homes have no assistance from mental health once they have left. Some of the families are carrying load that mental health center should be or could be.

Charles Baker offered a particular solution: investigate possible funding sources which would allow for the development of programs such as supportive housing among peers. This could be similar to a boarding house.

Paul Meyer stated a cooperative living arrangement works and is about choice. There is not the choice with a group home.

Marty Onishuk reports that yesterday her son was “dumped” on door stop. No one has made any attempt to contact her since he was admitted to the hospital. She had no contact with hospital and mental health system regarding his discharge.

Michelle Lewis updated us on community based waiver program.

Winds of Change offers community based services. They offer medication rehabilitation, job coaching, learning to drive, take tests etc. They can help intervene in employment situations.

Courtney Collier Rudbach stated that when persons first hit the system they need assistance and believes that they could benefit from something such as a buddy program. Peer to Peer services could be a possibility and a solution to easing this process at least in the beginning.

Michelle Lewis stated that family intervention, education, and involvement are important. She reported that the non-profit organization CALM is a peer run organization in its infancy and looking for members.

Alyce Anderson added that further education is needed for families. She also advocated for day treatment programs and feels they need to be more wide spread. She advises that support is received during day treatment, and there are great classes such as DBT etc. She also believes that some of the classes offered in day treatment are more readily available in day treatment centers than they are in Drop-In centers. In addition, some of the classes are taught by consumers.

Charles Baker feels the mental health care system needs to move from a medical model of treating the individual to treating a family and community. If friends and family are kept intact the client is far more likely to remain stable.

Boyd Roth spoke about personal issues regarding his wife.

It was moved and seconded to adjourn the Congress meeting.

A reminder was given that, at the next congress meeting, WSAA members will be electing board members for those terms that are expiring this September.

**Next Congress and Annual Meeting September 19th
ST Patrick Hospital - Missoula, MT**