

MENTAL DISABILITIES BOARD OF VISITORS ANNUAL BOARD MEETING MINUTES

Tuesday, July 30, 2013

NCAT Building, 3040 Continental Dr., Butte, Montana

Members Present

Brodie Moll
Patricia Harant
Miriam Hertz
Nancy Morton
Tracy Perez

Members Absent

Connie Frank

Staff Present

Alicia Pichette-Executive Director, Craig Fitch-Attorney, LuWaana Johnson-Paralegal/Advocate, Lisa Swanson-Advocacy Specialist

Chair Brodie Moll called the annual meeting of the Mental Disabilities Board of Visitors to order at 8:30 a.m. A quorum of the Board was established. Chair Moll opened the meeting with board member and staff introductions and a review of the agenda.

Election of Board Officers

Election of officers was opened when Miriam Hertz offered a motion to nominate Brodie Moll for the office of Board Chair and Patricia Harant as Vice Chair. Tracy Perez seconded the Motion. Chair Moll and Vice Chair Harant were elected by unanimous vote of members present.

Budget Review

Alicia Pichette reviewed the Board's proposed budget for FY2014-2015 and reported BOV site review costs for FY2012-2013 which included the 2013 annual inspection of MDC. Costs for site reviews conducted during the FY averaged \$3500.00 per review; costs for reviews varied based on distance travelled and team composition.

Site Review Schedule for FY2014

Pichette offered a proposed a site review schedule for FY2014-2015 along with a rationale for conducting the suggested reviews. Board member discussion about each site followed. Chair Moll offered a motion to approve the site review schedule as presented. Patricia Harant seconded the motion; motion carried unanimously by voted of Board members present.

Staff Reports

Craig Fitch provided the Board an update of the BOV staff activities at Montana State Hospital. The BOV is responsible to act on behalf of all patients at the state hospital and participates in reviewing:

- Initial commitments
- Involuntary Medication Review Board (IMRB) process including: initial, 14 day and 90 day reviews
- Forensic Review Board Hearings (FRB) and,
- Advocacy issues (grievances, investigations of allegations of abuse and neglect, treatment plan reviews, seclusion and restraint reports)

Several Board members toured MSH on July 29, 2013 and received information about the history and current mission of the facility.

LuWaana Johnson reported on the MSH Grievance Committee process and procedure. Approximately 749 grievances were filed during this past year. In FY2012, there were 29,929 seclusion hours. This is a significant increase in hours over FY11, LuWaana offered several reasons for the increase. One reason is the increase in clients who have dual diagnoses of mental illness and chemical addiction which can require longer periods of seclusion and/or restraint during the assessment and stabilization period of admission. This intensive level of care must be reviewed and approved by the Hospital Administrator and CMS. MSH has cameras in all common areas.

Craig and LuWaana also reported on the role of the BOV during the investigation process for allegations of abuse/neglect. BOV staff participated in 186 IMRB meetings and 15 FRB hearings.

- MSH Data:
 - 604 admissions during FY2012
 - 594 discharges during FY 2012
 - 167 petitions for recommitment
 - 25 court hearings
 - 23 recommitments
 - 1 transfer to the MMHNCC, and
 - 1 guardianship process

Alicia Pichette presented a review of bills considered during the 2013 legislative session that addressed mental health/ intellectual disability statutes. One interim committee study may affect the BOV -- HJR16 a legislative interim study for Montana state-operated institutions. She explained the importance of having a BOV presence to provide information if requested by interim committee and reported that she attended the first HJR16 interim study meeting. She asked for direction regarding the Board's continued presence at the HJR interim study meetings. The Board advised Alicia to participate at the HJR16 meetings. Alicia reviewed BOV policies and procedures, standards for site reviews, statutory responsibilities, Board bylaws, and presented the 2013 staff/Board work plan for the Board's consideration. The BOV Standards for Site Reviews was last updated in FY2012 to include inquiry sections about military service member culture and trauma informed care.

Lisa Swanson provided the Board with an update of the BOV advocacy at MDC. Lisa joined the BOV staff in October 2012 and since November 2012 has attended 125 Individual Treatment Plan meetings (ITP's). During FY 2012 - four clients in the Assessment and Stabilization Unit (ASU) were placed in seclusion. Seclusion is used at MDC only when clinically indicated (53-20-146(3) MCA regulates seclusion and ARM's 37.106.2140 & 2144 give guidance on implementation); 169 clients were placed in restraints -- 105 for medical/safety reasons which require a physician's order -- 64 for behaviors. On June 30, 2012 the census at MDC was 49; Twenty-two clients were on a referral list waiting for community-based services placements. Under changes made to 53-20-163(3), MCA by the 2013 Legislature, starting October 1, 2013, the Department of Justice will begin conducting investigations of abuse and neglect allegations at the MDC.

Department of Public Health and Human Services Reports:

Glenda Oldenburg, Division Administrator, AMDD, emphasized the importance of keeping people who have mental illness in the community while maintaining continuity of care. She explained that services provided through AMDD facilities are financed using monies appropriated by the Montana Legislature through the general fund. Recently admission policies for AMDD facilities have been revamped. She reported about the changes to the mental health Home and Community Based Services Medicaid Waiver program; the Medicaid funded home and community-based care for persons who have severe disabling mental illness. Waiver participants receive Medicaid services in their own homes and communities. Program changes stemming from the 2013 legislative session include: implementation of a 2% provider rate increase, \$200,000 approved for crisis jail diversion (counties will match grants), and a FY2014 budget of \$646,000 to include \$67,000 added for suicide prevention programs. HB 583 created a task force to study suicide death records and make recommendations to the Governor for improved suicide prevention programs.

Rebecca de Camara, Administrator, Disability Services Division (DSD) identified the Division's goal to bring more consistency across the service delivery system for individuals who have intellectual/developmental disabilities. Specifically the Division is working to improve relationships between MDC and community providers. A number of individuals currently receiving services at MDC are ready to transition into community-based programs. However programs are not accepting some of these men and women into their services, emphasizing the need to bridge the gap between MDC and community providers. Ms. de Camera joined DSD just a few months ago and has been working to improve communication between the Division and community services providers. She has been asking service providers how DSD could more effectively support implementation of services.

Jeff Sturm, Bureau Chief, Developmental Disabilities Program (DDP) provided a general update about legislation from the 2013 session that will affect the DSD/DDP. HB 123 changes the term "mental retardation" to "intellectual disability" across MCA and the ARM that support the statutes. Mr. Sturm also provided an update about the FY2014/2015 Division appropriations with an emphasis on monies earmarked to move clients from MDC into community-based programs. A provider rate increase will provide support to community providers as will clarifying

the language regarding 'eligibility' vs. 'waiting list' for services provided through a Medicaid waiver. Being identified as 'eligible' is the first step toward receiving services through a waiver; the second step is to be placed on the 'waiting list'. Individuals on the waiting list can begin receiving services as openings occur in the system. To qualify for a waiver, an individual must have been identified as having a developmental disability diagnosis before turning 18. Between July and December of 2013 DPHHS will hold hearings to present proposed changes to update and clarify Administrative Rules pertaining to eligibility for services.

Zoe Barnard, Bureau Chief, Children's Mental Health Bureau (CMHB), stated that CMHB took a hit during the last session. After the close of the session Ms. Barnard, and Ms. de Camera, met with community providers and stakeholders across the state to listen to concerns and discuss possible options to resolve funding challenges facing service providers. Zoe explained entitlements, transitioning youths into adult services, service consistency during those transitions, and programs aimed at helping young adults gain independence. She spoke of prevention and the importance of early intervention as strategies for successful treatment for children diagnosed with Serious Emotional Disturbance (SED). She discussed treatment challenges Psychiatric Residential Treatment Facilities (PRTF's) face and updated the Board on the status of the I-Home Program--it has 29 kids, 300 slots, no participating providers.

Gene Haire, Superintendent, Montana Developmental Center (MDC) shared a brief history of MDC and its evolution to becoming a treatment center to address acute problems for individuals who have intellectual/developmental disabilities and serious disabling mental illness. Mr. Haire presented an updated and revised mission and purpose of MDC to the Board; including progress staff is making to respond to the 31 recommendations for improvement made by the BOV as a result of the 2010 and 2012 site reviews. Those changes have included; revamping the organizational chart, redefining MDC's Mission Statement to reflect the program's current purpose, creating a Quality Management Director position and a Clinical Director Position, and integrating CMS's Eight Criteria for ICF/ID (with active treatment and client protection paramount) into the treatment/service design for MDC.

MDC Data:

- MDC is licensed for 68 beds
 - Currently 56 individuals are at the facility, the census changes regularly
- Individuals served include:
 - 6 criminal commitments
 - 22 individuals identified as having completed treatment and waiting for community placement
- The average profile of an individual served at MDC is:
 - 26 years old,
 - typically male, and
 - aggressive
 - at admission is considered to be a danger to self of others
- The MDC campus has:
 - 6 cottages--Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) that have between 6-12 beds each and are financed through Medicaid by Centers for Medicare/Medicaid Services (CMS)
 - a secure, fenced assessment and stabilization unit (ASU); with three cottages each with 4 beds - and Intermediate Care Facility for the Developmentally Disabled (ICF/DD) supported by general fund monies appropriated by the Montana Legislature
- MDC has a staff of 250 and a budget of \$15 million per year.

Gene closed his report with a discussion of statute changes made during the 2013 Legislature that affect MDC. Of great concern to DPHHS and MDC was a bill introduced that would have required DPHHS/MDC to prepare a plan to close the facility. The legislation did not become law. Other legislation appoints the Department of Justice to be the entity that will investigate all allegations of abuse and neglect. This is in addition to the investigation responsibilities of the Board under statute.

At 3:30 p.m. Chair Moll called for public comment; no member of the public offered comment. The meeting was adjourned at 4:00 p.m.