

MENTAL DISABILITIES BOARD OF VISITORS

ANNUAL REPORT TO THE GOVERNOR

JANETTE REGET, LCSW; EXECUTIVE DIRECTOR

9/10/2015

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS
STATE OF MONTANA

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STEVE BULLOCK
GOVERNOR

Graydon Moll
Chairman



ANGELA MCLEAN
LT. GOVERNOR

Janette Reget
Executive Director

September 10, 2015

Dear Governor Bullock:

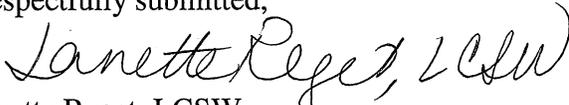
The Mental Disabilities Board of Visitors (BOV) is pleased to submit this report of the status of services provided at mental health facilities and treatment programs the BOV has inspected this past year. This report includes findings from site inspections conducted, services and programs inspected, and advocacy the BOV provided to individuals and families who received services from those programs.

The Montana Legislature established the BOV as an independent body so it would have the ability to inspect state facilities, private and public non-profit mental health service providers, hospital inpatient and outpatient programs and residential treatment facilities for children, adolescents, and adults without bias. Site inspection reports and recommendations are published and provided to the Office of the Governor, the Montana Legislature, and the public.

During this reporting period the BOV completed site inspections of mental health treatment and services facilities and the Montana Developmental Center. Reports of those inspections and recommendations are attached; site inspection reports are also posted on the BOV's website at <http://boardofvisitors.mt.gov>.

Recommendations offered in site inspection reports are based on the Standards for Site Inspections adopted by the BOV as established by universally accepted treatment and support best practices. The BOV reviews and updates the Standards as needed to reflect current best practice principles, state and federal statutes and administrative rules. Site inspection teams include BOV members, clinical professionals and consumer consultants who have knowledge and experience with mental health services and treatment services at Montana Developmental Center for individuals who have developmental/intellectual disabilities.

Respectfully submitted,


Janette Reget, LCSW
Executive Director

CC: Tara Veazey, Policy Advisor for Health and Families

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SITE INSPECTIONS 2014-2015

| Date of Inspection | Facility | Team Members |
|--------------------|--|---|
| September, 2014 | Riverfront Mental Health Center Hamilton, MT <u>Riverfront Report 2014</u> | Jonathan Angel, Board Member Tracy Perez, LCPC, Board Member Patrick Wayne, Consultant BOV Staff |
| January, 2015 | Winds of Change Mental Health Center Missoula, MT <u>Winds of Change Report 2015</u> <u>Winds of Change Response</u> | Miriam Hertz, Board Member Dennis Nyland, MH Ombudsman Sue Bodurtha, APRN BOV Staff |
| March, 2015 | Livingston Mental Health Center Livingston, MT <u>Livingston Mental Health Center Report</u> <u>Livingston Mental Health Center Response</u> | BOV Staff |
| March, 2015 | Gallatin Mental Health Center Bozeman, MT <u>Gallatin Mental Health Center Report</u> | Dan Laughlin, Board Member Jonathan Angel, Board Member Bill Snell, Consultant BOV Staff |
| May, 2015 | Eastern Montana Community Mental Health Center Miles City, MT <u>Eastern Montana Community Mental Health Center Report</u> <u>EMCMHC Response</u> | Michelle Blair, PharmD Consultant Amy Tipton, LCPC Board Member BOV Staff |
| June, 2015 | Montana Developmental Center Boulder, MT <u>Montana Developmental Center Report</u> | Miriam Hertz, Board Member Irene Walter, APRN Jan Munday, LCSW Board Member BOV Staff |

| Site Inspections Tentatively Scheduled for 2015-2016 | | |
|---|---|--|
| October, 2015 | Northern Winds Recovery Center Browning, MT | |
| November, 2015 | Center for Mental Health Great Falls, MT | |
| January 2016 | St. Patrick—Providence Center Missoula, MT | |
| March 2016 | South Central Montana Mental Health Center Satellite Offices | |
| May, 2016 | Western Montana Mental Health Center Kalispell, MT | |
| June 2016 | Western Montana Mental Health Center Libby, MT, Thompson Falls, MT | |

Types of Inspections:

The Board may conduct site inspections at any time, but inspections are primarily:

- (1) Routine, scheduled inspections, or
- (2) Special inspections prompted by specific issues that come to the Board's attention.

Other Functions and Duties of the Board

- (1) Review and approve all plans for experimental research or hazardous treatment procedures involving people admitted to Montana Development Center or any mental health facility
- (2) Annually complete an inspection of the Montana Developmental Center
- (3) Review, and if necessary, conduct investigations of allegations of abuse or neglect of people admitted to Montana Development Center or any mental health facility
- (4) Review and ensure the existence and implementation of treatment plans
- (5) Inquire concerning all use of restraints, isolation, or other behavioral controls
- (6) Assist persons admitted to Montana Development Center or any mental health facility to resolve grievances, and
- (7) Report to the director of the Department of Public Health and Human Services if the Montana Development Center or any mental health facility is failing to comply with the provisions of state law.

Montana Mental Disabilities Board of Visitors (BOV)

Minutes from the Annual Board Meeting Fairmont Hot Springs, July 30-31, 2015

Day 1, Thursday, July 30th, 2015:

Meeting opened and roll call: BOV Chairman, Graydon "Brodie" Moll, opened the meeting. Board members present were Miriam Hertz, Dan Laughlin, Tracy Perez, Amy Tipton, and Brodie. BOV staff present was Janette Reget (Executive Director), Craig Fitch (Legal Counsel), LuWaana Johnson (Advocate), and Lisa Swanson (Advocate). Members of the public present were Patti Jacques from Helena and Janice Reichelt from Malta.

Vacant BOV Board Position: A former Board member resigned thus there is an opening for a new Board member. Anyone interested may inquire at the Governor's office or call the BOV office in Helena. (Note: this position was filled by James Hajny of Livingston, MT).

BOV Chairman Retiring: Brodie announced his retirement from the BOV as of January 2016. Thank you Brodie for all your years of service!

MOTIONS: First Motion: Dan Laughlin nominated Tracy Perez to replace Brodie as Chairman in January 2016. Motion carried. Second Motion: Amy Tipton nominated Dan Laughlin for Vice Chairman to begin January 1, 2016. Motion carried. Third Motion: Brodie nominated Amy Tipton as Secretary. Motion carried and is effective immediately. Congratulations Tracy, Amy and Dan!

2015-'16 Site Inspections: The BOV discussed the Site Inspection Matrix.

Dennis Nyland, Mental Health Ombudsman (MHO) Report: Dennis brings a wealth of experience to his new position. Governor Bullock has reappointed Dennis for a 4 year term. The MHO duties involve networking with other mental health organizations and providers, responding to, and advocating on behalf of constituents and consumers in need of services. Inquiry types include access to services, complaints, legal and criminal justice, availability of services, treatment and medical care, social security, employment, financial, housing, discrimination rights and more.

Patti Jacques: Helena constituent requested more BOV oversight over recovery, groups, and foster homes. Ms. Jacques would like to see the BOV inspect the Montana State Prison's mental health unit. She would also like the BOV to interview clients, both present and former, of these places.

Dr. Polly Peterson: Dr. Peterson gave an update on Trauma Informed Care issues in general as well as the key elements of the trauma informed approach and universal precautions.

Tara Veazey, Governor's Office: Spoke on Medicaid expansion and what that looks like in the field of mental health issues in Montana. Tara explained SB 405--Medicaid Waivers and Montana's Third Party Administrator model, SB411 requiring closure of the Montana

Developmental Center (MDC), and the Transition Advisory Committee's duties, part of SB411, to create a plan for transitioning MDC residents out of MDC by 2017.

Rose Harmon, Governor's Office: Rose presented the BOV's 2015-2016 Budget.

Janice Reichert: A constituent from Miles City expressed her concerns over issues a family member encountered while receiving mental health services in Montana and out of state. She stated that SB 316 and Section 46-16-312 MCA are not being properly utilized.

BOV Staff Reports:

Janette Reget reported on the most recent Site Inspection of the Montana Developmental Center (MDC) on June 18-19, 2015. She reported that the Board was impressed with the positive changes such as staff attitudes, commitment of staff to serving clients, consistency of staff in implementing policies and procedures, the use of hall monitors and how they are helping to maintain a safe environment, and effective trainings of Staff. **Miriam Hertz**, Board Member, was also on the recent site inspection of MDC and reported that MDC is doing very well and praised the Treatment Mall model used at MDC.

Janette Reget presented the 2015-2016 Work Plan to the Board. The Board discussed facilities to be inspected this coming fiscal year.

Craig Fitch and LuWaana Johnson gave a report on Montana State Hospital (MSH). MSH is overcrowded and under-staffed and has been this way for over a year. The BOV is responsible to act on behalf of all patients at MSH. The BOV reviews MSH's initial commitments, the Involuntary Medication Review Board process (including initial, 14 and 90 day reviews), Forensic Review Board Hearings and Advocacy issues. Overall MSH is providing good treatment under difficult circumstances.

Lisa Swanson gave a report on Montana Developmental Center, the BOV's mission, SB411 and its effects on MDC clients and staff, and the Governor's Memorandum concerning SB411.

Day 2, Friday, July 31, 2015, 8:30 am.:

Brodie called the meeting to order.

Department of Public Health and Human Services Panel Discussion:

Zoe Barnard, DPHHS Bureau Chief, Children's Mental Health, spoke of grants received for children's mental health and co-occurring treatment including but not limited to a quarter million dollar grant from HB 2 over the biennium for suicide prevention for Native American Children, a 1.2 million dollar grant for youth crisis diversion programs, and a Georgetown University assessment of Montana children's mental health issues.

Tammy Ross, DPHHS Superintendent of Montana Developmental Center, spoke about MDC and the effects of SB411. She spoke of changes implemented and the concerns of clients and staff. She stated that Dr. Michelle McCall is the new contracting physician, replacing Dr. Caldwell, with DPHHS. Dr. Jean Justad also continues to have a contract with DPHHS. Tammy

spoke of the State's contract with Bench Mark, an independent corporation, and positive changes Bench Mark has made such as helping MDC implement Behavioral Support Plans for all ASU clients and which reward clients for positive behaviors. MDC is working on doing the same model for all the other clients living in the Units.

Noveline Martin, DPHHS Developmental Disabilities Bureau Chief, spoke of the Transition Crisis Team and how they will work with the Transition Advisory Team to help place MDC clients in the community. She discussed supportive recovery centers in Montana such as drop-in-centers in Helena, Butte, Bozeman, Kalispell Livingston, Missoula, and Billings where adults may go for social interaction, support, and some services. For example, the drop in center in Missoula helps young pregnant women with employment issues, the center in Kalispell sponsors community events and social interactions, the center in Helena is peer run in the afternoons and evenings and has art therapy classes as well as many other activities such as pool, foosball, shuffle board, and 12 step meetings. Butte's drop in Center has a health care aspect where people can receive nursing and psychiatric services. Ms. Martin also spoke of a Virtual Drop-In Center which receives calls from all over the nation and which is operated by live staff all over the State of Montana

Rebecca DeCamera, DPHHS administrator, gave details on the Transition Planning Committee (TPC) charged which is to come up with a discharge plan for MDC residents by 2017. Ms. De Camera discussed the DDP reimbursement system and how complex it can be to navigate. She stated that Dan Villa is doing an excellent job of chairing the TPC. She encouraged the public to attend the open TPC meetings which will now be held monthly in Boulder. The agenda for the next meeting will include: What creates a new waiver, a report by MDC, an update on changes Bench Mark has implemented at MDC, a discussion about dividing into subcommittees, and creating deadlines for TPC projects.

Debbie Moore, Director of Nursing, Montana Mental Health Nursing Care Center (MMHNCC) in Lewistown, Montana, stated that the local residents still refer to it as, "the Center for the Aged." The current census is 95; they are licensed for 100 beds, with staffing at 77-80. Ms. Moore stated there have been many improvements on the Neuro Cognitive Disorder Unit which houses residents with Alzheimer's and Dementia. She remarked that 67% of admissions at MMHNCC come from the MT State Hospital. MMHNCC's mission is discharge. The MMHNCC is now using Aroma Therapy essential oils with success. She put in a request for extra funding for diffusers and essential oils which was granted. Ms. Moore stated that negative behaviors have declined since using Aroma Therapy.

July 31, 2015, afternoon tour of Montana State Hospital: The BOV toured the forensic and other Units of MSH. The tour ended with a panel discussion of the MSH Resident's Council Committee.

Montana Developmental Center Advocacy Report:
Annual Report
July 1, 2014 through June 30, 2015

During the past year, the Board of Visitors (BOV), Helena office, assisted approximately 350 constituents, their families, and members of the public via phone calls, emails and/or face to face meetings. Primary reasons for contacting the BOV includes, but is not limited to, people seeking assistance with filing a grievance, medication issues, issues involving home visits, questions about getting an intellectually disabled or mentally ill loved one out of an institution or jails and into a facility such as MDC or MSH, requests for help sorting through confusing or difficult situations, and often times, people just need someone to listen. Since all the press about MDC closing, clients and their families have been calling more to discuss the process. Things were quite harried after passage of SB411 but have since calmed down.

The BOV did a full Site Inspection of MDC June 18-19, 2015. The Team consisted of Janette Reget (Executive Director of BOV), Miriam Hertz (BOV member) and consultants Irene Walter, APRN, and Jan Munday, LCSW. The most recent MDC Report is in the editing and condensing of Reports phase and may, or may not, be completed at the time of the Annual Board meeting at Fairmont Hot Springs July 30-31, 2015. The 4 person site inspection was pursuant to BOV's powers and duties to annually inspect MDC's physical plant. *Section 53-20-104(4) MCA.*

The Advocacy Specialist participated in 84 Individual Treatment Plan (ITP) meetings at MDC this past year. The reason for the lower number of ITP meetings, as compared to last year, is that MDC made a decision around January, 2015, to not have quarterly ITP meetings; and have annual meetings and extra meetings on an "as needed basis".

Beginning October, 2015, MDC will go back to quarterly reviews as the 2015 Legislature passed a bill that all state commitments must be reviewed every 3 months (quarterly). This means the BOV advocate will be attending many more ITP meetings beginning this October, 2015.

The BOV's primary responsibilities at MDC are to attend ITP meetings and to advocate on behalf of the individuals served; to provide independent oversight; to ensure that individuals served at MDC receive humane and decent treatment; and to ensure individuals served receive compassionate, high quality and effective treatment.

MDC Date:

- 747 Allegations of Abuse and/or Neglect sent to the Department of Justice in the past year.
- 558 didn't rise to the level of abuse or neglect.
- 42 client to client cases were substantiated
- 31 Staff to client cases were substantiated
- 62 client to staff complaints were unsubstantiated
- MDC census is 52 as of June 31, 2015
- 24 clients are on the referral list
- 12 clients were placed in the community since July 1, 2014 to the present.
- No clients have been transferred to other state institutions during the past year.

BOV / MONTANA STATE HOSPITAL STATISTICS - Based on Fiscal Year (July 1 through June 30)

| | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 |
|---|--------|---------|--------|--------|------|------|------|------|------|
| Admissions to MSH | 691 | 625 | 604 | 735 | 715 | 739 | 723 | 682 | 690 |
| Discharges from MSH | 657 | 606 | 594 | 705 | 775 | 738 | 738 | 681 | 671 |
| LEGAL REPRESENTATION | | | | | | | | | |
| Petitions for recormitment (total number) | 219 | 161 | 167 | 162 | 179 | 194 | 186 | 202 | 218 |
| Court hearings | 24 | 27 | 25 | 23 | 39 | 60 | | 60 | |
| Recormitment | 20 | 24 | 23 | 21 | 33 | 53 | | | |
| Transfer to MMHNCC | 0 | 1 | 1 | 0 | 1 | 4 | | | |
| Guardianship | 3 | 1 | 1 | 2 | 5 | 3 | | | |
| CI-90 | 2 | 1 | | | | | | | |
| Involuntary Medication Review Board (IMRB) (BOV talks to patients on initial hearing only but attends all hearings) | | | | | | | | | |
| Initial | 220 | 170 | 186 | 214 | 200 | 132 | 80 | 194 | 175 |
| 14-Day Review | 106 | 75 | 84 | 99 | 88 | 59 | | 81 | 178 |
| 90-Day Review | 85 | 71 | 72 | 79 | 85 | 54 | | 77 | 73 |
| | 29 | 24 | 30 | 36 | 27 | 19 | | 36 | 22 |
| Forensic Review Board (FRB) | 23 | 16 | 15 | 21 | 24 | 27 | 35 | 17 | |
| ADVOCACY | | | | | | | | | |
| Grievances (total number) | 1005 | 981 | 749 | 380* | 591 | 390 | 519 | 390 | 337 |
| Resolved by program manager | 702 | 689 | 380 | 268 | 280 | 265 | 276 | 390 | 245 |
| Addressed by Committee | 303 | 292 | 369 | 73 | 311 | 125 | 243 | 390 | 92 |
| *Grievances by two patients not included in total | | | | 336* | | | | | |
| Abuse/Neglect investigations | 31 | 23 | 32 | 33 | 13 | 26 | 43 | 30 | 39 |
| Treatment Plan Reviews conducted by BOV | 395 | 415 | 370 | 424 | 358 | 327 | 295 | | |
| SECLUSION / RESTRAINT | | | | | | | | | |
| Seclusion/Restraint reports (total number) | 879** | 615** | 842 | 740 | 843 | 482 | 379 | 142 | |
| Seclusion | 427 | 307 | 536 | 376 | 450 | 195 | 201 | 86 | |
| Restraint | 452 | 308 | 306 | 364 | 393 | 287 | 178 | 56 | |
| Hours of seclusion | 2762 | 2665.76 | 29,929 | 814 | 1867 | 1431 | | 302 | |
| Hours of restraint (*one patient in walking restraints) | 721*** | 245.91 | 574 | *3,518 | 756 | 700 | | 151 | |

** Does not include Intensive Treatment Unit numbers (ITU is not a CMS certified unit)

***Corrected number

MENTAL DISABILITIES BOARD OF VISITORS WORK PLAN 2015

The board is an independent board of inquiry and review that is responsible to ensure that the treatment of all persons either voluntarily or involuntarily admitted to a mental facility in Montana is humane, is consistent with established clinical and other professional standards, and meets the requirements set for in this part. (M.C.A. 53-21-104)

Goal #1:

The board will actively engage with Montana's mental health facilities, Montana Mental Health Nursing Care Center (MMHNCC), and Montana State Hospital (MSH) through site inspections and ongoing dialogue regarding abuse/neglect issues and treatment improvement.

Objectives:

1.1 Conduct inspections and provide recommendations for improvement to at least six mental health facilities prior to June 30, 2106.

1.2 Publish and post written reports documenting site inspections and the facilities' responses during FY 2015-2016 on BOV website.

1.3 Communicate verbally and/or in writing with each facility inspected during FY 2015-2016 before June 30, 2016, to determine status of implementations of recommendations.

1.4 Participate in quarterly or more frequent meetings when warranted, with Administrator at MSH and Administrator at MMHNCC, to address abuse/neglect issues and treatment improvement.

1.5 Participate in quarterly or more frequent meetings when warranted, with DPHHS Division Administrators to discuss legislative, budget, and treatment decisions and how they impact mental health service delivery.

1.6 Attend Admission and Discharge Review Team (ADRT) meetings every two months to participate in and help facilitate safe and effective discharges from MSH.

1.7 Review and update BOV Policies and Procedures and Site Inspection Standards to reflect most current clinical best practices by June 30, 2016, using MCA/ARM for Montana specific best practices, and SAMHSA/professional associations and other sources for current best practice recommendations.

Responsibility: BOV staff

Goal #2:

The board will provide ongoing legal representation and advocacy to persons voluntarily or involuntarily admitted at Montana State Hospital to ensure adequate counsel and to ensure that legal rights of patients are protected.

Objectives:

2.1 Assist in review and resolution of allegations of abuse, neglect, and mistreatment of patients served at Montana State Hospital and as reported by their family members/guardians.

2.2 Participate in Resident Council, Grievance Committee, Involuntary Medication Review Board, and Forensic Review Board meetings at Montana State Hospital to ensure that legal rights of patients are protected.

2.3 Report legal representation and advocacy activity to the board during the annual meeting 2016.

2.4 Maintain written logs documenting requests for assistance and resolution descriptions in the MSH office.

Responsibility: BOV Attorney at MSH
 Advocate/Paralegal at MSH
 Executive Director

Goal #3:

Ensure BOV advocacy is responsive to the needs of persons served at Montana Developmental Center (MDC) who need intensive, time-limited, acute stabilization treatment services.

Objectives:

3.1 Identify MDC clients in need of advocacy to discharge to community services.

3.2 Participate in the Treatment Advisory Committee, individual treatment planning (ITP) meetings, ITP classes, grievance hearings, and individual contacts with clients and families for advocacy, and other scheduled meetings as recommended.

3.3 Participate in quarterly or more frequent meetings if warranted, with Superintendent at MDC.

3.4 Participate in quarterly or more frequent meetings when warranted, with DPHHS Division Administrators to discuss legislative, budget, and treatment decisions and how they impact service delivery.

3.5 Assist in reviewing and resolving allegations of abuse, neglect, and mistreatment of clients served at MDC.

3.6 Maintain written logs documenting requests for assistance and resolution descriptions in BOV office.

3.7 Provide written report to the board of all activities provided to clients at MDC during annual meeting in 2016.

Responsibility: BOV Advocacy Specialist
Executive Director

Goal #4:

Participate in and contribute to activities that promote mental health system transformation, especially regarding Recovery-based treatment modalities.

Objectives:

4.1 Attend and participate in advocacy agency work groups, policy discussion committees, and task force meetings to learn about mental health system improvements/transformations.

4.2 Attend and participate in Local Advisory Councils (LAC), Service Area Authority (SAA), and Mental Health Oversight Advisory Committee (MHOAC) meetings to better understand community mental health issues.

4.3 Attend and follow Legislative committee meetings considering legislation that may affect services to persons who have mental illness and/or an intellectual disability and the statutory responsibilities of BOV, during the regular session and interim.

4.4 Provide ongoing information of Legislative committee work to the board throughout the 2016 interim.

Responsibility: Executive Director

Goal #5:

Maintain ongoing communication with the Governor's Office regarding advocacy and service delivery in mental health facilities, at MSH, and at MDC.

Objectives:

5.1 Attend and participate in scheduled meetings and activities that address mental health needs in Montana.

5.2 Provide requested information and assistance to Governor's Office in a timely manner.

5.3 Submit information regarding board membership and changes to the Governor's Office as they occur.

5.4 Respond to, assist and advocate for persons with complaints and allegations regarding mental health services and treatment who contact the Governor's Office.

Responsibility: Executive Director

RECOMMENDATIONS

- The BOV is concerned that it will be unable to provide oversight for Montana Developmental Center clients who are moved into communities, or provide oversight for people with intellectual disabilities who might be involuntarily committed to a facility other than MDC under the new statutory structure. As long as these individuals are court-ordered, the BOV believes it should continue to provide that oversight. Therefore, we recommend amendments to Title 53 to add authority to the BOV to inspect community facilities that accept clients with intellectual disabilities on an involuntary commitment status

- With the growing concern regarding persons with mental illness in jails and prisons, the BOV recommends amendments to Title 53 to add authority for the BOV to inspect mental health programs at Montana State Prison and Montana Women's Prison, as well as private detention facilities and local jails.

- During the time of this annual report Montana State Hospital has maintained a census well over its licensed capacity. The BOV recommends that the State provides funding to community mental health centers (cmhcs) that will increase the cmhcs ability to accept persons discharged from Montana State Hospital. The BOV recommends that DPHHS finds a way to incentivize cmhcs to provide increased wrap-around, crisis and residential services to recently discharged persons.