



Mental Health

AGENDA

January 12, 2018 from Noon - 2:30 p.m.
Library Conference Room – second floor, UMW Library

Noon - Welcome and Introductions - Establish Quorum

Explanation of Today's Special Agenda Format – Lynn Weltzien, Chair

Introduction of Guest, DPHHS Director, Sheila Hogan – Katherine Buckley-Patton, former colleague

Opening Remarks – Director Hogan

Prepared Questions – facilitated by Lynn

(These questions have been printed on the reverse side of this page for your convenience. Once Director Hogan has concluded her response to each question, comments are encouraged. These will be limited by time restraints, if necessary.)

2:00 – Questions and Comments from the Floor -

2:30 p.m. Adjourn

*The next meeting will be on February 9, 2018, noon- 2:00 pm
Tom Welch Conference Room, Beaverhead County Treasurer's Building*

NOTES:

Questions for DPHHS Director Sheila Hogan/January 12, 2018

COMMUNITY

- What are DPHHS' plans to address the needs of vulnerable adults and children impacted by these community-based mental health cuts?
- Rural communities struggle with the reality of not having 'back up resources' when funding cuts occur while some form of 'back up resources' often exist in larger communities.
 - Beaverhead County has a higher than average suicide rate, a sad reflection of our state being in the top five national rankings of suicide for more than 40 years. Beaverhead County residents' risks will likely escalate due to these mental health cuts. Do you have suggestions/recommendations for 'back up resources' to fill in the gaps in services?
 - When a county resident with ample income, decent health insurance, and a support system must see a specialist in Bozeman, Butte or Missoula they find a way to navigate the obstacles and make the trip happen. However with the loss of both case management and a local facility to go to for assistance, how will those who are among our counties most compromised, i.e. those with a crippling mental illness, navigate their way?
 - Since local case management services will not exist, what recommendations do you have to keep clients stable in their own community? As you know, Beaverhead County is facing the triple threat of addressing targeted case management cuts, the closure of the WMMHC office and day treatment program, and the Office of Public Assistance closure.
 - There will be instances when Beaverhead County residents will need services not locally available. When the state hospital is at maximum capacity, where will Beaverhead County residents go when their mental condition deteriorates? How will they get to that alternate treatment facility? What funding resources will exist to assist in that transport and treatment?
 - When parents decompensate (without services), what services are available for their children?

ALTERNATIVES

- What ideas/programs are other communities in Montana implementing to meet the needs of the case managed patients who no longer have access to case management?
 - Are there examples from other states we might learn from?
 - Are there pilot programs in the state that address mental and integrative behavioral health from which we can learn, model, be a part of, i.e. satellite program, or relevant grants to apply for in the future?

STATEWIDE

- What is the complete listing of specific child and adult services impacted/reduced/affected by mental health related budgetary cuts in the 2017 Legislative Session, Special Session, Governor's Budget reductions, and within the DPHHS budget?
- How discretionary can DPHHS be in making choices about where to make cuts? Can programs already cut in the first series of 2017 Legislative reductions not be included in subsequent budgetary reductions, that came out of the 2017 Special Session or Governor mandated budgetary cuts?
- Since Congress did not reauthorize the Children's Health Insurance Plan for more than a few months, please explain DPHHS' planned steps in notifying CHIP families their children's health coverage may end. If/when long-term re-authorization occurs, will MT provide coverage retroactively to those same families to their date of termination so their children experience no gap in health care coverage? If not, why not?
 - What percentage of Healthy Montana Kids/Healthy Montana Kids **Plus** expenditures goes toward behavioral health expenses? What is the projected change in those percentages based on the proposed cuts?
- What is your recommendation for the most effective thing(s) Beaverhead County residents and the LAC can do to advance our concerns to those who make these difficult budgetary decisions? What can we do to be more effective in representing the integrative behavioral health needs of county residents?