

03.06.07 Draft Crisis Recommendation

DRAFT

CSAA draft recommendations on crisis services legislation
to the select joint committee on mental health (the ASB 499 committee)
Monday, March 14, 2005

1. *The CSAA believes that Montana communities must have local crisis response plans.*
 - a. Montanans have a right to services in the least restrictive setting, which means local crisis services.
 - b. Local crisis response capacity has actually diminished across the state in recent years.
 - c. Entities that have historically played a role in crisis services have stepped away from that responsibility, as reflected in the growth rate in State Hospital admissions and the loss of psychiatric beds across the state, as well as a suicide rate that is the third highest in the nation for adults, and the highest in the nation for juveniles.
 - d. There is confusion about responsibility for community crisis response systems and therefore lack of accountability.
 - e. There is no uniformity of crisis response across the state.
 - f. There are no minimum requirements for crisis response plans.
 - g. We need adequate crisis response plans in every community.
2. *The CSAA believes that the legislation is needed in order to mobilize local communities to create their own crisis plans.*
 - a. Crisis planning should happen around the Local Advisory Council table, where consumers and

familiesBthe actual users of the servicesBare equal participants.

- b. County commissioners and local health care providers must be at the LAC planning table, but many others must be at the table too, including consumers and family, medical providers and hospitals, mental health providers for both children and adults, the courts, law enforcement, emergency responders, local poverty relief agencies, faith-based groups, advocates, other community stakeholders and the Department.
- c. The Department must support the local efforts with dedicated regional staff.
- d. The CSAA believes that counties are an essential part of crisis response planning and development. An effective response to people in crisis is a responsibility of local government as much as fire, flood and other emergency response is.
- e. Crisis planning must be a collaborative undertaking between and among communities, because smaller communities must provide for some aspects of crisis response through agreements with larger communities or groups of communities.
- f. The role of the SAA's is to work with the LAC's and Department to create guidelines for planning, including minimum requirements for crisis response plans, and to approve crisis plans.

The CSAA believes that local crisis plans and services must:

Respect the dignity, humanity and privacy of people in crisis and their families, and

convey a message of compassion and hope;

Respond to individuals in crisis or at risk of crisis without regard to ability to pay;

Serve individuals voluntarily seeking treatment as well as those in state or local custody;

Serve children and their families as well as adults and their families;

Respond to each individual with the least restrictive intervention that meets the individual=s need for safety and stabilizing treatment while in crisis;

Include access to crisis stabilization beds in a secure setting;

Provide access to medical care in acute crisis intervention and stabilization;

Provide care as close to home as possible;

Provide intervention and stabilization to individuals in a drug or alcohol-mediated crisis;

Include a continuum of interventions that can diminish isolation and prevent stress and anxiety from escalating into a full crisis, such as peer support phone lines, consumer safe houses, mobile crisis intervention teams, and in-home support teams, as well as other supports that use readily available community resources such as faith communities;

Include a continuum of aftercare services to which individuals may be referred when stable;

Ensure that crisis phone lines provide access to a counselor promptly; and

Train community participants in crisis prevention and response, including law enforcement, fire fighters and other first responders; coaches, teachers and others in the education system; ministers and others in faith community; and other volunteers as well as paid providers of services.

03.09.30 CSAA Strategic Plan (Initial Planning Group)

CSAA Strategic Plan

Best Practices/Management Models

Challenge: to determine best practices and management models on a national level.

Goal: to create a model for Montana that incorporates these practices into a state that is large, diverse and rural.

Strategies: establish contacts in NW states and Canada; invite speakers/presenters to Montana; identify and categorize areas of best practice to research

Communications Plan

Challenge: to develop a communications plan that is inclusive, far-reaching, long-lasting and flexible enough to change as the CSAA develops

Goal: to make the plan sustainable and simple to understand

Strategies: create a web site; find community communication representatives; develop a marketing packet to distribute to potential interested parties

Articles/By-Laws

Challenge: to write and approve the articles of incorporation and by-laws

Goal: to incorporate and obtain non-profit status by ____.

Strategies: submit by-laws/articles of incorporation for approval at September Congress meeting; use original planning money (from DPHHS) to apply for 501c3 status

AMDD Plan

Challenge: for the CSAA planning task force and Congress to work with AMDD to elaborate on and expand planning strategies

Goal: to have a preliminary outline by ____ for presentation to Governor

Strategies: meeting between AMDD, CSAA; separate functions listed on Dan's sheet (one per page); appoint task force members to be team leaders of separate "function" groups. These groups work on a specific function

Grants

2008. *Challenge:* to obtain grant money to help fund continued CSAA planning through

Goal: to apply for grant funding by ____ and obtain by ____ and to secure matching funds.

Strategies: identify and recruit a professional grant writer (perhaps MSU Extension?); appoint grant committee from Congress or task force

Election Process

Directors *Challenge:* to create an equitable, uncomplicated election process for the Board of

Goal: to have this in place by ____.

Strategies: move existing task force into Board membership during transition period; obtain approval from Congress on election process; create and compile a future Board member reference manual

Expand Outreach Base

Challenge: to reach more people within our region, especially rural areas and reservations. It is also to keep people interested in the process.

Goal: to increase Congress membership by _____ per year.

Strategies: bi-annual town meetings; personal invitations; marketing packet to include ways people can volunteer their time

Phase-In

Challenge: for the CSAA to assume functions before full implementation of the plan in 2008

Goal: to phase-in _____ by _____, i.e., consumer advocacy by 9/04, provider contracting by 9/05, etc.

Strategies: "function" groups to complete strategic plans for each function

General Interface with AMDD

Challenge: to maintain good communication with AMDD

Goal: same

Strategies: work with Marlene, Marcia and Dan

CSAA Mission Statement

It is the mission of the Central Area Service Authority to design and implement a system of care for individuals with mental disabilities and to do this in a clinically and fiscally responsible way to ensure maximum usage, consumer choice and effective treatment.

Central Region Service Area Authority Planning Meeting
Gt. Falls, June 7, 2003

Members of the CSAA Congress met to continue work on the development of the SAA concept for central Montana. The meeting generally proceeded according to the following agenda:

- Meeting overview
- New Business

1. Pharmacy Benefit
 2. CSAA Governance Structure
 3. CSAA Board By-Laws
 4. Appoint 1 new Task Force members to fill vacancies
- Old Business
 1. CSAA Communication Plan
 2. Task Force Job Description

Meeting Overview

Jim Fitzgerald introduced the meeting and distributed copies of the agenda and background material pertinent to the meeting.

Pharmacy Benefit

Dan Anderson explained that AMDD will be making decisions to revise management of the MHSP pharmacy benefit. The basic concern is that AMDD has \$6.5 million to fund the program for the biennium and anticipates that the cost for the program, without a change in management, will be \$9.5. Dan described 4 possible options for managing the pharmacy benefit and provided pertinent background information. He also explained that, before making the final decision, AMDD would appreciate input from people who would be affected by the decision. Jim Fitzgerald explained that this was an opportunity for the CSAA Congress to begin working with a substantive issue and make decisions about how to make difficult choices about priorities when the demand for a service exceeds available funding for those services.

The Congress broke into small groups to discuss:

1. What are the strengths of each of the four options? Why?
2. What are the limitations of each of the four options? Why?
3. Suggestions for additional options?

Summary of comments regarding Option #1, a monthly cap of \$425 and no change in co-pay:

- It is unacceptable to leave 11 to 16% of the people without sufficient help to meet their needs; not appealing to create a problem for the high end people
- The medication needs of most people would be served, but a small number of people would be seriously hurt
- This approach provides for most people, is simple and does not change the co-pay
- The monthly cap would be a disincentive for using newer medications
- This option could result in more people returning to Medicaid; detrimental to recovery
- The co-pay is affordable

Summary of comments regarding Option #2, no monthly cap but increase the co-pay to \$51.25 per prescription:

- The co-pay is unacceptably high

- The co-pay is not graduated according to the ability of people to pay
- No cap on the total co-pay
- This option could make some pharmacy benefit available to the largest number of people
- This option shares the burden but reduces costs for high end users by increasing costs for the low end users
- This option is not workable for people who require multiple medications
- This option would risk the possibility that some people would go off their medications
- This option would limit the eligibility for some people who might otherwise be able to participate in pharmaceutical company programs.
- This option increases costs for most of the people in the program

Summary of comments regarding Option #3, a monthly cap of \$500; \$25 co-pay per prescription:

- This option would serve more people and more people likely would remain in services and on their medications.
- This option would better serve the needs of the higher end users than Option #1
- The co-pay is still high, especially for people who need multiple prescriptions
- This option reduces the number of people who require a benefit greater than the cap, but the co-pay is a hardship.

Summary of comments regarding Option #4, limit drugs that are covered by MHSP; no monthly cap; and, increase the co-pay to \$27 per prescription:

- This option would limit the cap and work for most people
- This option makes it possible to understand what the system is actually paying for
- This option would require an appeals process for medications that are not in the formulary.
- This option would restrict the diagnostic use of medications.
- This option might not save any money because physicians would simply prescribe more of the medications that are in the formulary.
- People would have to pay the full cost for medications that are not in the formulary
- Some people would have to use medications that are not the most effective treatment for their disorder
- Some of the non-formulary medications might be less expensive than those in the formulary

Summary of additional suggestions:

- The pharmacy benefit should include a stop loss feature to limit total monthly out of pocket expenses
- The pharmacy benefit should include a feature that scales an individual's costs to the ability to pay
- It is not acceptable to leave people with a large co-pay or punish people because their treatment requires more medications
- The pharmacy benefit should be responsive to the individual and not treat everyone the same.

- It is fair to ask MHSP enrollees to bear some of the cost for medication if it allows the plan to serve more people and in a more substantial way.
- Require everyone to pay the first \$100 and use the plan to pay for all costs above that amount; include a sliding scale to cover the costs for those who cannot afford the first \$100
- Index co-pay to increases in costs
- Rather than limit the pharmacy benefit to medications in the formulary, target specific medications to eliminate
- Review the use of any non-formulary medications
- Establish a discretionary account to make additional payments for individual high end users; fund this account through a modification that includes features from options #1 and #3.
- Implement Option #1 and require a tracking of the outcomes for those people whose monthly costs exceed the cap.
- Reduce the cap to \$400 and adjust the co-pay down based on the savings of the reduced cap.
- Define difference caps for different diagnoses
- Individuals have unique needs; the pharmacy program should respect individuality; provide for a range of choices within a limited plan; cafeteria plan
- Limit individual's cost to 10% of their disposable income
- Factor in individual needs for other medications
- The solution must work for most people; responds to the needs of the minority; and, be implementable within the limits of the system to monitor results.
- The pharmacy benefit should include an education component for practitioners; best practices on the correct use of the most appropriate uses of psychotropic medications; algorithms; the proper use of medications will reduce the costs.
- The pharmacy benefit should include the means to aggressively find services for those people who otherwise would lose their medications as a result of changes in the program.

The following information should be considered in the final decision regarding the pharmacy benefit:

- How has spend down been affected by recent changes in the pharmacy benefit?
- How does the use of samples factor into the pharmacy benefit?
- How to pharmaceutical company programs factor into the pharmacy benefit?

Decision: The CSAA Congress agreed that the CSAA Task Force should draft communication in response to AMDD's request for comment on the pharmacy benefit. The Congress understands that comment is due before the Congress would have the opportunity to formally approve the correspondence. The Task Force will prepare comment based on the above discussion and distribute copies of the correspondence to the Congress.

CSAA By-laws

Anita Roessman presented a revised draft of the CSAA By-Laws. She explained that unresolved issues include the size of the Board of Directors, requirements for primary and secondary consumer representation on the Board and qualifications of board members.

Discussion of the by-laws included:

- We must be prepared to assist consumers so that they are able to participate and participate effectively
- It is a challenge to find people who are primary/secondary consumers who also have expertise relative to the other requirements needed by the board.
- The board must represent the Congress and the Region, as expressed to the board by the Congress
- Don't confuse governance with representation
- Alternative approach – designate one board member as the consumer advocate and create a consumer advocacy committee that works with the board
- The Board must be responsive to the needs of central Montana
- The Board should include one consumer and one parent from each of the four geographic areas of the region
- Concern with the level of expertise required of board members; alternatively, the board doesn't have to have the expertise because the SAA will be hiring a professional staff
- Need legal and fiscal expertise on the board
- Some people who have the appropriate expertise also may be consumers

Decision: The CSAA Congress adopted by consensus Article III, Section 1, membership, with the following changes:

- The Board shall consist of not more than 17 members
- At least 10 of the board positions shall be filled by mental health consumers and/or family members
- Selection of board members will be based on geographic distribution, working understanding of mental health needs and services, financial expertise, legal expertise and management experience.

Decision: The CSAA Congress referred the draft By-Laws back to the Task Force for additional work, including:

- Clarification whether geographic distribution of board members should be a guideline or a requirement
- Clarification of the ongoing responsibility of the CSAA Congress
- Article VII to include clean up of Section 1: Action may be taken by a majority of the quorum.
- Consideration for board member participation in meetings via conference call.
- Consideration whether decisions require a super-majority of the quorum when some board members are absent from the meeting

CSAA Communication Plan

Tom Peluso presented the communications Tree and the Communications Plan. It was stressed that the Communications Committee is essential to growing the base for the SAA.

All major communities in the region should be represented on the Communications Committee.

Decision: The CSAA Congress adopted by consensus the Communications Plan, with the following modifications:

- Add all of the legislators and the Legislative Finance Committee to the State Government portion of the plan
- Add first responders to the local government portion of the plan
- Add public radio, public television, newspapers in smaller communities and the Ft. Belknap Tribal Radio to the regional media portion of the plan.

Decision: The CSAA Congress agreed by consensus to appoint Mike McLaughlin as chair of the Communications Committee. Mike will recruit a committee with consideration for geographic representation and the willingness of people to do the work. The committee will have responsibility to assist the Congress with implementation of the communications plan.

Governance Structure

Tom Peluso presented the governance structure.

Decision: The CSAA Congress adopted by consensus the governance structure with the following modification – add to the diagram a depiction of the CSAA’s responsibility for reporting to DPHHS in matters of contract compliance.

Task Force Job Description

Jim Fitzgerald presented the Task Force job description that included revisions that had been suggested during the March CSAA Congress meeting.

Decision: The CSAA Congress adopted by consensus the revised Task Force job description. Approval included the addition of developing and implementing the communication plan to the Task Force’s list of specific duties.

Task Force Vacancy

David Beloit announced that he will resign from the Task Force for physical reasons. David advised that, if the CSAA Congress agreed, Joe Moll was willing to serve on the Task Force.

Decision: The CSAA Congress, by consensus, elected Joe Moll to the Task Force.

Town Meetings

Jim Fitzgerald reviewed the timeline for implementation of the SAA concept. The Task Force has assigned a committee to develop a strategic plan for the CSAA for consideration at the next meeting of the Congress. Jim also indicated that it is important to advise people of the work that the Congress has accomplished and to develop broader participation in the work of the Congress. Therefore, the Task Force proposes to schedule a series of town meetings.

Decision: The CSAA Congress approved by consensus the goals for the town meetings with the additional goal of explaining what people can do to be part of the Congress. The CSAA also directed the Task Force to appoint people to assume responsibility for planning each of the town meetings.

Next Steps and Assignments

- CSAA Planning Task Force will schedule meetings to follow up on this Congress meeting.
- The Task Force will send a letter to Gail Gray expressing the CSAA Congress's recommendations regarding the MHSP pharmacy benefit.
- The next meeting of the CSAA Congress will be on Saturday, September 13. Location to be determined, probably in Helena. The purpose of the meeting will be to review and approve the draft to review and approve a draft strategic plan and complete the schedule for town meetings.

