



MONTANA ADVOCACY PROGRAM

The Civil Rights Protection & Advocacy System for the State of Montana

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January 19, 2005

Chairman Christine Kaufman and Members
Appropriations Subcommittee for Health and Human Services
Montana Legislature

RE: Addictive and Mental Disorders Division budget proposal

Dear Madame Chair and Members of the Committee,

The Montana Advocacy Program supports the Department's budget request as follows:

- We support the addition of five field staff across the state. These staff will help AMDD identify problems with current service systems, help consumers resolve disputes with providers, help keep consumers in crisis in the community, and support Local Advisory Council and SAA development. They will also play a very important role in solving the statewide crisis in acute care and short-term stabilization services. The lack of these services is a local problem with local solutions, but the state has a critical role in supporting local efforts, including contributing state resources.
- We support expansion of the Program of Assertive Community Treatment. PACT has been one of the best developments in Montana's public mental health system in the last decade. However, no PACT team in Montana includes a peer support specialist, as required by the PACT model. Therefore, MAP requests that the Committee make program expansion contingent upon:
 1. Hiring peer specialists for all existing PACT teams.
 2. Starting to enroll new PACT clients on new teams only after the team has hired a peer specialist.

A description of the peer specialist position is attached to this testimony.

We also ask that this committee expand the pharmacy benefit within MHSP. As a result of cutbacks beginning in 2001, the MHSP pharmacy benefit was capped at

\$425 per month per enrollee in 2003. At the time that this cap was imposed, it covered the monthly medication costs for 84% of enrollees (who also have a \$13 co-pay per prescription.) Today, that \$425 buys fewer medications, and by the end of 2007, continued double-digit inflation in medication costs will erode the benefit far more.

As we understand the Department's plans to pursue a HIFA waiver that will refinance the MHSP program, the MHSP pharmacy benefit will be capped during the 5-year HIFA waiver, so it is important to increase it to a realistic level before the waiver goes into effect.

We are grateful to Senator Cobb and Representative Clark, who came up with a plan to save MHSP by finding money in the prevention and stabilization fund in the last days of the 2003 session. We urge this committee to use its authority and leadership in this session to increase the MHSP pharmacy benefit to a realistic, medically adequate level.

Thank you very much for considering our comments.

Yours truly,


Anita Roessmann

Job Title: Peer Specialist

Summary

This member of the ACT multidisciplinary team has experience as a recipient of mental health services for severe and persistent mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and its clients. The peer specialist functions as a fully integrated team member to provide expertise about the recovery process, symptom management, and the persistence required by clients to have a satisfying life. Collaborates to promote a team culture that recognizes, understands, and respects each client's point of view, experiences, and preferences. Responsible to maximize client choice, self-determination and decision-making in the planning, delivery, and evaluation of treatment, rehabilitation and support services. Provides peer counseling and consultation to individual clients, families, and team staff; acts as a liaison with community resources; carries out rehabilitation and support functions; and assists in treatment, substance abuse services, education, support and consultation to families, and crisis intervention under the clinical supervision of staff with professional degrees. When the peer specialist has appropriate professional credentials, he or she may perform professional duties and clinical supervision.

Principal Duties and Responsibilities

- Provide peer counseling and support, drawing on common experiences as a peer, to validate clients' experiences and to provide guidance and encouragement to clients to take responsibility and actively participate in their own recovery.
- Serve as a mentor to clients to promote hope and empowerment.
- Act as an interpreter to help non-mental health consumer team members better understand and empathize with each client's unique and subjective experience and perceptions.
- Provide expertise and consultation from a mental health consumer perspective to the entire team concerning clients' experiences on symptoms of mental illness, the effects and side-effects of medications, clients' responses to and opinions of treatment, and clients' experiences of recovery.
- Collaborate with the team to promote a team culture in which each client's point of view, experiences, and preferences are recognized, understood, and respected, and in which client self-determination and decision-making in treatment planning are maximized and supported.
- Help clients identify, understand, and combat stigma and discrimination associated with mental illness and develop strategies to reduce self-stigma.
- Help other team members identify and understand culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma within the team.
- Collaborate with the team to ensure the protection of clients' rights in order to help clients to improve their knowledge of client rights and grievance or complaint procedures.
- Collaborate with the team to help clients learn about pertinent grievance procedures and support clients with filing, mediating, and resolving complaints.
- Increase awareness of and support client participation in consumer self-help programs and consumer advocacy organizations that promote recovery.
- Serve as the liaison between the team and consumer-run programs such as self-help groups and drop-in centers.

Shared duties in the provision of treatment and substance abuse services.

Psychiatric Treatment and Dual Diagnosis Substance Abuse Services

Assist in the provision of ongoing assessment of clients' mental illness symptoms and clients' response to treatment. Suggest appropriate changes in treatment plans to ensure that immediate and appropriate interventions are provided in response to changes in clients' mental status or behavior which put clients at risk (e.g., suicidality)

Assist in the provision of direct clinical services to clients on an individual, group, and family basis in the office and in community settings to teach symptom-management techniques and promote personal growth and development by assisting clients to cope with internal and external stresses.

Assist in the provision of individual and group treatment in the office and in community settings in a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance abuse, and has client-determined goals.

Shared duties in the provision of rehabilitation services.

Structuring Time and Employment

Perform mentoring, problem solving, encouragement and support on and off the job site.

Provide work-related supportive services, such as assistance securing necessary clothing and grooming supplies, wake-up calls, transportation.

Activities of Daily Living Services

Provide ongoing assessment, problem solving, side-by-side services, skill teaching, support (prompts, assignments, encouragement), and environmental adaptations to assist clients with activities of daily living.

Assist clients to find and maintain a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up).

Assist and support clients to organize and perform household activities, including house cleaning and laundry.

Assist and support clients with personal hygiene and grooming tasks.

Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation.

Ensure that clients have adequate financial support (help to gain employment and apply for entitlements).

Teach money-management skills (budgeting and paying bills) and assist clients in accessing financial services (e.g., professional financial counseling, emergency loan services).

Help clients to access reliable transportation (obtain a driver's license and car and car insurance, arrange for cabs, use public transportation, find rides).

Assist and support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

Social and Interpersonal Relationships and Leisure Time

Provide side-by-side support, coaching and encouragement to help clients socialize (going with a client to community activities, including activities offered by consumer-run peer support organizations).

Assist clients to plan and carry out leisure time activities on evenings, weekends, and holidays.

Organize and lead individual and group social and recreational activities to help clients structure their time, increase social experiences, and provide opportunities to practice social skills.

Support

Provide practical help and supports, mentoring, advocacy, coordination, side-by-side individualized support, problem solving, direct assistance and supervision to help clients obtain the necessities of daily living including medical and dental health care; legal and advocacy services; financial support such as entitlements (SSI, SSDI, veterans' benefits); housing subsidies (HUD Section 8); money-management services (e.g., payee services); and transportation.

Education, Experience, and Knowledge Required

The peer specialist may have a college degree in a human services field, or in another area, have a high school diploma, or have at least two years of paid or volunteer work experience with adults with severe and persistent mental illnesses. Must have good oral and written communication skills. The peer specialist, who is or has been a recipient of mental health services for severe and persistent mental illness, should have self-knowledge to manage their mental illness and be well along in their recovery. Must have a strong commitment to the right and the ability of each person with a severe mental illness to live in normal community residences; work in market jobs; and have access to helpful, adequate, competent, and continuous supports and services. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons with severe and persistent mental illnesses and respect for clients' rights and personal preferences in treatment is essential. Typically, must have a valid driver's license for the state in which the program operates or effectively uses transportation to travel independently in the program's service area.

