



FY2020

MENTAL HEALTH

OMBUDSMAN

ANNUAL REPORT

The Mental Health Ombudsman works to improve Montana citizens' access to public mental health services and to resources available when citizens are transitioning between services. This is our annual report to the Governor and includes recommendations for the continuing transformation of the public mental health system.

Mental Health Ombudsman Office

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Office of the Mental Health Ombudsman - FY2020

1. From the period of July 2019 through June 2020, the Mental Health Ombudsman Office received approximately 592 calls. This was an increase of approximately 17% of calls compared to the prior fiscal year. Issues of concern presented to this office included:

- Limited availability and/or access for individuals regarding mental health services
- Lack of or limited access to mental health providers, especially due to Covid-19
- Individual mental health rights
- Access of mental health services for children/juveniles within the state

These calls consisted of contacts made through telephone calls, emails to the Mental Health Ombudsman Office, through interactions in the communities, and occasionally through walk-ins to the Mental Health Ombudsman Office.

2. The Mental Health Ombudsman actively participated in numerous meetings and committees around the state, including:

- Service Area Authorities (Western Service Area Authority, Central Service Area Authority, Eastern Service Area Authority).
- AMDD (Addictive and Mental Disorders division of DPHHS) weekly and monthly meetings.
- Montana Mental Health Oversight Advisory Council (MHOAC)
- Vision 21: Systems of Care for children and youth project (Office of Victims of Crime funded project).
- Montana Council on Developmental Disabilities
- Montana Lifespan Respite Coalition
- Local Suicide Prevention Coalition
- Local Advisory Councils (LAC)

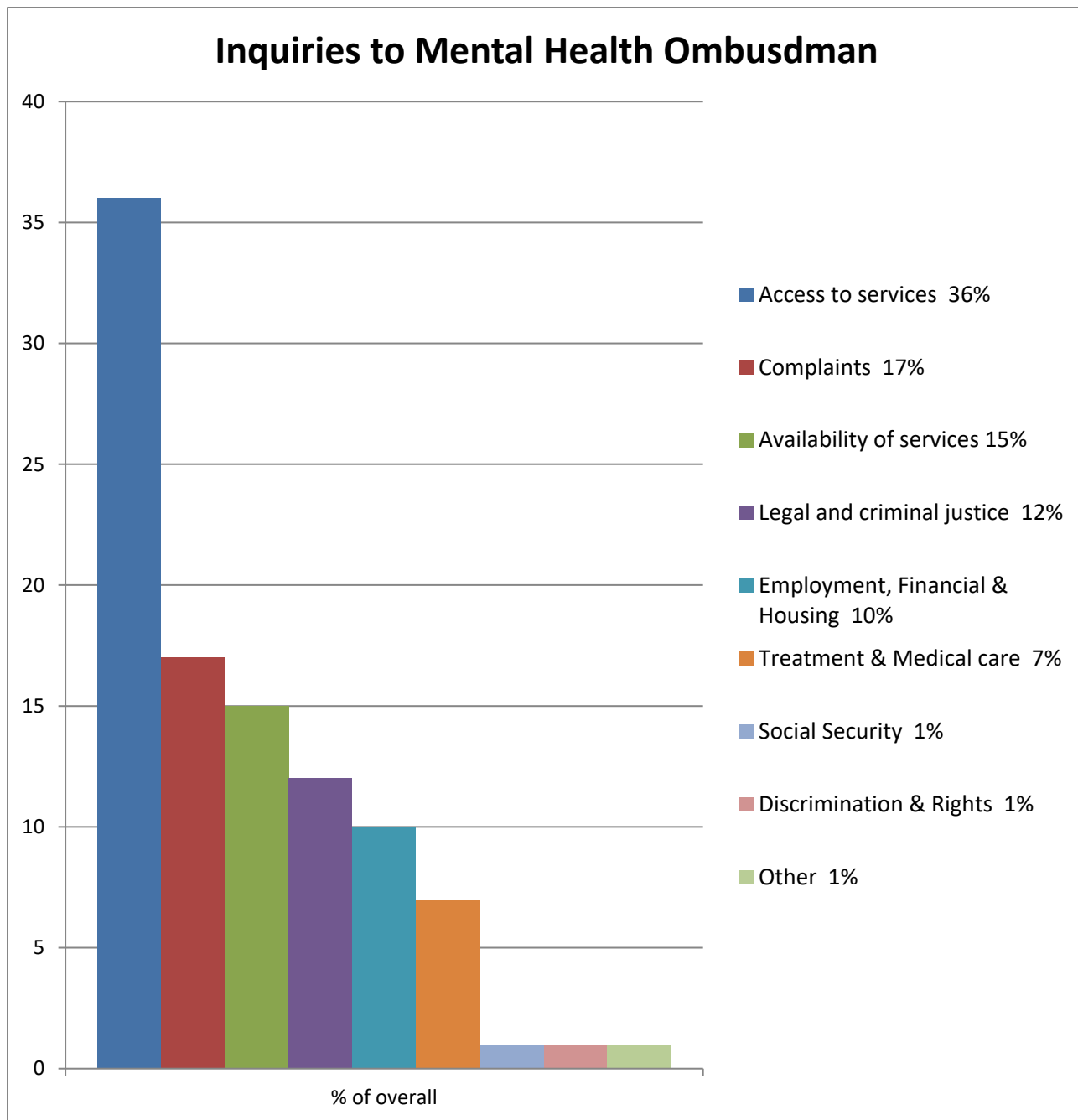
3. The Mental Health Ombudsman was involved in many outreaches/activities throughout the state, including:

- Assisted Montana Mental Disabilities Board of Visitors with the site inspection of Montana State Hospital (Warm Springs) as well as participating in their Annual Board Meeting.
- Continued participation in multiple annual mental health events around the state, including Montana Conference on Suicide Prevention, Montana Recovery Conference, along with many others.
- Invited to and participated in other events throughout the state. This included the 3rd Annual Survivors of Suicide Loss Day, Out of the Darkness Campus Walk, and PsychArmor Institute's "Military Strong" Challenge.
- Continued the work with the Vision 21: Systems of Care for children and youth project (Office of Victims of Crime funded project). Through this project, helped to create the Montana Victimization and Trauma Screener (Montana VTS) tool and assisted in creating a template for trauma-informed policies and practices.

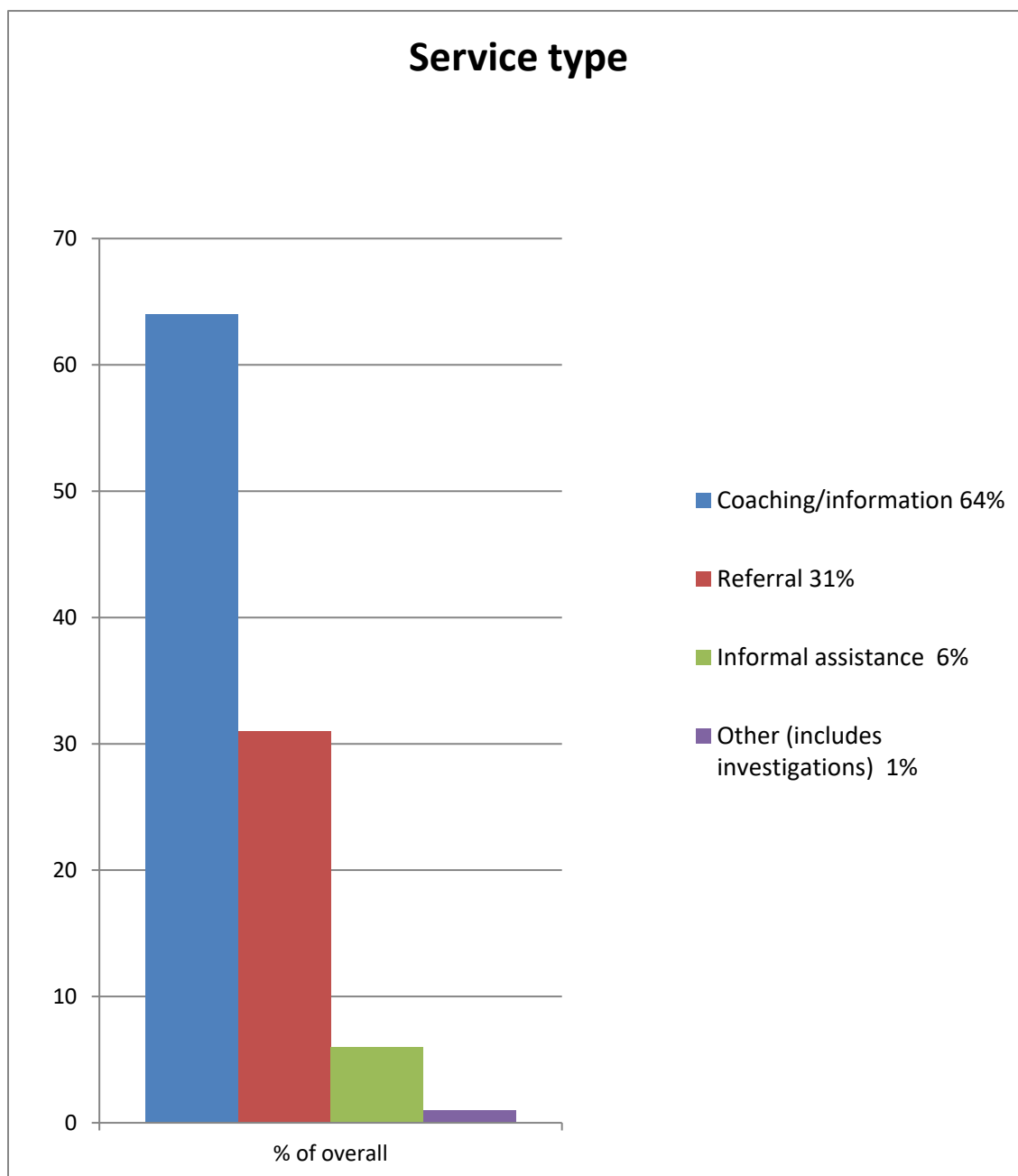
Office of the Mental Health Ombudsman - FY2020 (Cont.)

- Actively involved with CIT Montana, assisting with training and resources for law enforcement and mental health professionals regarding the Crisis Intervention Team (CIT) model. Assisted in instruction and provided mental health resources to the eight statewide CIT Academies that are conducted in Butte, Bozeman, Helena, Missoula, Kalispell, Hamilton, Billings, Dillon, and Great Falls, as well as assisting in the training of officers at the Montana Law Enforcement Academy (MLEA). Continue working as a board member on the CIT Montana Board of Directors.
- Continued the work for the fifth consecutive year, working with the Montana Suicide Prevention Coordinator and the EAP Program Manager, conducting suicide prevention trainings and awareness to State of Montana employees through the Suicide Prevention Campaign. Due to Covid-19, we were not able to conduct any trainings but continued to reach out to State employees and were able to provide an online version of the training.
- While working on the Mayor's Challenge, co-lead a group on developing a Lethal Means Program. This group will work on developing materials (Posters, postcards, wallet cards, and tip sheets) and educating the community on lethal means and what can be done to help prevent more suicides. This will be piloted in Lewis and Clark County and hopefully expanded to the rest of the state.
- Continue to work with communities throughout the state networking with the local mental health facilities/providers, providing training and services available through the Mental Health Ombudsman Office.

FY2020 Mental Health Ombudsman Statistics at-a-glance (Inquiries)



FY2020 Mental Health Ombudsman Statistics at-a-glance (Services Provided)



How We Help

Coaching/Information

Our first strategy to help someone resolve a problem is coaching. We try to give individuals enough information and confidence to address the problem themselves. We help to clarify the issue and to identify the resources available. Sometimes an individual is contacting us on behalf of a consumer. This includes mental health providers, such as a case manager, and family members of an adult. In that case, we can work with that person on behalf of the identified consumer.

Referral

When the Ombudsman is aware of another agency that can help the consumer more effectively than the Ombudsman, (or better source) of information, we may make a referral for that person that calls our office.

Informal Assistance

Many individuals need information about something. The Ombudsman Office provides information about the mental health system and other systems used by people with mental illness as well as other resources.

Other

Sometimes coaching isn't enough, and we need to provide more assistance or investigate the situation. The Ombudsman Office will routinely request a Release of Information from the individual to verify we have their permission to investigate or look into the issues/concerns more in-depth.

Selected Cases

Case #1

The Mental Health Ombudsman was contacted by an individual who had received an eviction notice and they felt this was due to their mental illness diagnosis.

The Ombudsman Office clarified with the individual what the eviction notice stated. After a lengthy discussion, it was determined that there was a misunderstanding on what the notice was. It had actually been a notice that the individual needed to contact the housing authority to get them information that was missing in their housing file. The individual contacted the housing authority and gave them the information they requested, and the issue was resolved.

Case #2

An individual called the Mental Health Ombudsman regarding issues he was having at their residence, which included the individual having severe delusional thoughts. The individual was fearful that there were people out to get him and he was not sure what to do and wanted help from this office to stop the people from getting him.

The Ombudsman Office talked with the individual for some time, getting the individual's name, phone number, and address during the conversation. After numerous times being hung up on by the individual and the individual getting more and more escalated, the Ombudsman Office made a call to the local law enforcement and asked for a CIT (Crisis Intervention Team) Officer to do welfare check on the individual. The Ombudsman Office did receive a call later in the day that the individual was safe and getting the help he needed.

Case #3

An individual called the Mental Health Ombudsman stating he was a Veteran (with major depression and PTSD) and he was having issues with getting his unemployment compensation. The individual was very escalated and stated he needs this to be taken care of that he has been dealing with this for multiple weeks.

The Ombudsman Office contacted the Department of Labor and Industry and explained the situation. The agency stated they were aware of the situation and they were working on it. I explained that the individual was very upset, and they stated they would recontact him and let him know the status. The ombudsman Office received an email later that day stating the issue had been resolved and the individual was receiving his unemployment.

Case #4

The Mental Health Ombudsman was contacted by an individual regarding their care at a long-term care facility. The individual stated while she was at the facility, she was told she was depressed and needed a medication adjustment. She requested to talk with the psychiatrist about this issue but was never able to talk to the psychiatrist. The individual stated she was only there a short time while she was in rehabilitation. The individual was upset and wanted something done.

After talking through the issues with the individual, the Mental Health Ombudsman Office explained that this was would be better served by talking to a Senior Long Term Care (SLTC) Ombudsman, who deal with issues that occur in facilities (long term, assisted living, nursing homes) like what the individual was in. The individual was given the contact information for the SLC Ombudsman for that facility.

MENTAL HEALTH OMBUDSMAN WORK PLAN FY2021

The Mental Health Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services. (M.C.A. 2-15-210)

Goal #1:

The Mental Health Ombudsman will actively engage with Montana's mental health facilities, mental health providers, mental health organizations, and State of Montana agencies associated with mental health, to discuss and have continuous dialogue regarding mental health issues and/or concerns.

Goal #2:

The Mental Health Ombudsman will continue to work on having and maintaining an internal database to use when providing coaching, assistance, and referrals for consumers and their family members.

Goal #3:

The Mental Health Ombudsman will maintain ongoing communication with the Governor's Office regarding major issues with the mental health system and the services that are available in mental health occurring throughout Montana.

Goal #4:

The Mental Health Ombudsman will take part in and contribute to activities that promote good mental health system services, including conducting community education, town meetings, and community activities that involve mental health activities.

RECOMMENDATIONS

Montanans again experienced extremely tough times during the last part of FY2020, due to Coivid-19. Many calls/concerns came up during this time regarding how individuals were going to receive services during the pandemic, especially when they were not going to be able to see their providers in person. The discussions from this office to them were to talk with their providers and that there was also work being done to have the capability to use Telemedicine, Teletherapy or Telepsychiatry for mental health services throughout the state. There were numerous inquiries regarding how we can have better mental health services in Montana. As stated in prior years, it still needs to be a priority to continue to look for the creative solutions that can provide quality, appropriate public mental health services for our state.

The following are the recommendations from the Mental Health Ombudsman Office:

- ✓ With Montana being a rural (frontier) state, we need to continue to explore the evidence-based models that have been proven to work and apply them to our mental health services.
- ✓ Need to continue the support of Community-based Services:
 - Community integrated care
 - Community drop-in centers
 - Community-based suicide prevention training
 - Community crisis stabilization projects
- ✓ We need to encourage active participation by consumers, family members, advocates and others in community based mental health services. Community based mental health services are vital in our state.
- ✓ Increase capacity of providers to use wraparound services through training and funding opportunities.
- ✓ Work on continuing to expand in-state service options that can provide comprehensive, community-based, evidence-based, and recovery focused programs to both adults and children.
- ✓ Develop long-term strategic planning protocols for children with developmental and mental disabilities that will continue through adulthood – helping with the transition between children’s and adult services.
- ✓ Further ensure access to services for high risk children with multiagency needs and to be able to provide those services in our state.