



ALICIA PICHETTE

MENTAL HEALTH OMBUDSMAN

WHAT IS THE ROLE OF AN OMBUDSMAN?

An ombudsman is appointed to serve a constituency; to investigate constituent complaints and attempt to resolve them; and, to make recommendations for changes to policies or procedures to improve effectiveness and efficiency of services. The Office of the Ombudsman can act as a mediator to assist constituents with conflict resolution and other problems.

The Ombudsman office is open from 8 a.m. to 5 p.m. Monday through Friday.

Toll free: 1-888-444-9669

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E-mail: govmhombudsman@mt.gov

Web: www.mhombudsman.mt.gov



MONTANA mental health OMBUDSMAN

ANNUAL REPORT 2010

message from the ombudsman

As Montanans we pride ourselves on our pioneer spirit, frontier ingenuity and how strong we can be when we connect, neighbor-to-neighbor. When, as Montanans we talk about mental health and the ability to recover a life of wellness after a diagnosis of mental illness, “independence” and “self-reliance” are the words most often used. It is a quest for self-sufficiency that leads not people, but us, to seek the promise of community living; to services and incentives that ensure each Montanan who needs them can gain easy and continuous access to the highest quality mental health treatment and services. Access to a life ‘recovered.’

An estimated 26.2 per-cent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. Applied to Montana’s population of just under 1 million, this figure translates

to about 250,000 people with a diagnosable mental disorder in a year. While mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion of the population; about 6 percent, or 1 in 17, people suffer from a serious mental illness. It is the leading cause of disability for individuals aged 15 to 44. Nearly half of all adults with a mental illness report their symptoms began by the age of 14; and three quarters saw symptoms by their mid 20s. Underscoring the notion that mental disorders manifest early in life, recent research conducted by the National Institute for Mental Health—NIMH found that symptoms of anxiety disorders can begin to emerge by age 6, behavior disorders by age 11, mood disorders by age 13,

and substance related disorders by age 15.

To envision a future when anyone with a mental illness can live a life of recovery, a future when mental illness is detected early, when any person with a mental illness discovered at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and recapturing the hope of a life to live well, is to envision recovery.

Recovery refers to a process which provides people support so they may live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability; to recapture the hope of a well life—a good life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.

independent and self-reliant

Advances in research, technology, and an understanding of how to treat mental illnesses provide powerful means to transform the mental health system. In a transformed system, consumers and family members have access to timely and accurate information that promotes self-education, self-monitoring, and accountability. Health care providers rely on the most current knowledge to provide optimum care for the best outcomes. Reimbursement is directed toward those services that promote recovery and accountability.

This year the Ombudsman report shares information on efforts to transition public mental health services to a philosophy of Recovery, and adds recommendations for continued advancement. ■

finding home: recovery times two

arriving in Montana from another state, kicking around and being homeless for the first couple of years; I realized that there was no future in continuing to live that way. When I discovered public mental health services through the Mental Health Center, I realized that recovering from mental illness could happen—it would take work and help but it could happen. Although there were a couple of false starts I kept trying, this time I was truly determined to work toward recovery. With the help of a dedicated APRN, I began to understand that having a mental health diagnosis and understanding my mental illness meant my life could be better. In the past taking medication for an illness I didn't know about or understand didn't make sense. With help from the recovery program at the center, I now understand how the medications address my illness, and how group sessions provide me information about goal setting, to achieve a livable life and move toward a future. Now that I have taken responsibility for achieving a healthy life, the

Note: The recovery stories of these two people are just beginning. Their short and long range plans are to continue setting recovery goals; become engaged to each other by the end of 2010; buy a home; have a wedding; and, live their lives.

case manager at the Center has helped me identify my employment strengths and using past work experience helped me recognize that I do want to work. Even though the job market is difficult now, my goal is to work at a meaningful, good paying job. My recovery plan is for 2 years, 5 years and beyond. I don't like looking back, but I would like it if people who know me 'now' could look back to see me 'then' —it has been a long journey.

—Jim

After a job related accident left me with an injury that required higher and higher doses of medication to address the pain, I experienced a psychotic episode and landed at the Montana State Hospital. The doctors at the Hospital determined that I was addicted to morphine. It took three months to clear the morphine out of my system and be discharged to a group home in this community. It took two and half years of work with my APRN and the therapist at the Center to finally get my medications 'right', so I could begin to feel well. Now I live in my own apartment and am looking forward to returning to work. Attending group sessions at the Mental Health Center has given me the education I need to understand my illness, identify and set long range goals for my life and achieve independence. With the help of the recovery programs at the Center, I have become a person again. My two year plan includes working at a job in this community, and my five year plan includes saving to buy a home.

—Linda

recovery

I set out on my own journey of transformation in 2006, the year that was mostly spent hospitalized for Major Depression. It was a year of admits and discharges, and trial, and many perceived failures. But this was just my initiation into the Montana mental health system. Four years later I now work and advocate in the mental health system. And it was this journey that is Recovery.

There is a lot of talk these days about Recovery. And the State of Montana has made great strides in achieving a system that embraces the Recovery Model. But the single greatest step that has been instrumental in my own personal recovery is the fact that I got to participate in a community. Not just peers with a mental illness, but peers that reflect what peers should be; a diverse group of people from different aspects of society. Local Advisory Councils, Service Area Authorities, Mental Health Oversight and Advisory Council, Mental Disabilities Board of Visitors, and the Mental Health Ombudsman all have been conduits and supports in a system that is complicated to say the least. The interaction with all these people gave me back my confidence, self esteem, and the perspective to move on in my life and become something other than a person with mental illness. And



most importantly I can participate in my greater community in activities and issues that have nothing to do with a mental illness.

I consider myself one of the successes of the mental health system. It is a system that has tried exhaustively from every angle to change things for the better. Legislators are better educated. State administrators and Mental Health Centers work more cooperatively. There is more openness. Clients, patients, advocates and stakeholders from all venues now come to more of a consensus. Communities are taking a larger role in the care of their citizens. There are many programs that enhance the care given in local communities. The value of being treated in your hometown has taken root. Recovery happens in community. There is an air

of possibility in the wind.

But amid the optimism is a shadow of the unknown. Budgets are straining. People are scared. The fight to save programs will divide and embitter. So this is a time when we need to work hard at keeping the connections we have built. This is a time when we need to strengthen the ties to communities. This is a time when we keep educating. Because the loss will not be programs or services. The loss will be people.

We must not forget the things we were working so hard on before this budget crisis, because there is still much work to do to improve the lives of people with a mental illness. Suicide, stigma, local crisis beds, crisis intervention training for law enforcement, medical costs, housing, and employment are just a few of the many issues still on the table.

With my relatively short experience with the Montana Mental Health System, I have seen tremendous improvements in the cooperation of stakeholders. With the prospect of budget shortfalls, now more than ever, we will have to work together to save and improve the lives of Montanans. We must work together to provide the tools of Recovery.

—Patrick Wayne



mental health ombudsman 2010 recommendations

planning:

- Develop a long-term strategic planning method to develop quality service continuum focusing on recovery oriented programs that will serve individuals who have a mental illness or psychiatric disability from early identification through ‘elderhood.’
- Continue providing support for Local Area Councils and Service Area Authorities to assure that consumers of mental health services and their families participate as partners to develop policies and best practices for delivering mental health services.

integrating services to end fragmentation and gaps:

- Provide universal access to services by integrating public health services, schools, mental health centers, aging services, juvenile justice, law enforcement and corrections to identify individuals who need mental health services and then provide effective treatment and supports for children, adolescents and adults with recovery as the foundation.
- Prepare for an aging population that has long-term psychiatric disabilities and/or late life mental illnesses by encouraging colleges and schools to offer integrated education programs to healthcare providers who serve older Montanans.

uncompensated care:

- Take advantage of funding flexibility available under the expansion of Medicaid in the Affordable Care Act to ease the bur-

den of uncompensated care in the services delivery system.

medical marijuana:

- Move to resolve the conflicts in existing statute for prescribing, growing and marketing marijuana for use by individuals who have a diagnosed mental illness. Continue to follow research on the impacts of marijuana use by individuals when they have a diagnosed psychiatric disability.

electronic medical records:

- Continue to plan, implement and offer participation incentives to Medicaid providers; hospitals and professional practices which acquire and use electronic health records to improve the quality of health and mental health care.

2003 new freedom commission goals:

- Americans understand that mental health is essential to overall health
- Mental health care is consumer and family driven
- Disparities in mental health services are eliminated
- Early mental health screening, assessment and referral to services are common practice
- Excellent mental health care is delivered and research is accelerated
- Technology is used to access mental health care and information

10 fundamental components of recovery

Self-Direction

By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized and person-centered

Individuals identify recovery as being an ongoing journey and an end result as well as an overall model for achieving wellness and optimal mental health.

Empowerment

Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing.

Holistic

Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.

Non-linear

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

Strengths-based

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.

Peer support

Mutual support—including the sharing of experiential knowledge and skills and social learning—plays a valuable role in recovery.

Respect

Self-acceptance and regaining belief in one’s self are vital to recovery. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility

Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope

Hope is the catalyst of the recovery process. As a society, we reap the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier nation.

Resources: www.samhsa.gov

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It is the Mission of the Mental Health Ombudsman to:

- represent the interests of individuals seeking access to public mental health services
- act as a confidential resource to provide information and assistance
- offer recommendations for system improvement

Ms. Pichette was appointed to the post of Mental Health Ombudsman in 2009. She comes to the office with nearly 30 years experience as a public servant and advocate for individuals with disabilities. Her public service experience includes being a field representative for Congressman Pat Williams, serving as Montana's Deputy Insurance Commissioner and, as an interim Lewis and Clark County Commissioner. She describes her work as the Ombudsman as "incomparable—an uncrowded mile."

2010 Statistics at-a-glance

Inquiries to Mental Health Ombudsman

INQUIRY TYPE

| | |
|---------------------------------------|-----|
| ■ Access to services..... | 23% |
| ■ Complaints | 22% |
| ■ Legal and criminal justice | 15% |
| ■ Availability of services | 11% |
| ■ Treatment & Medical care | 10% |
| ■ Social Security | 8% |
| ■ Employment, Financial & Housing.... | 6% |
| ■ Discrimination & Rights | 3% |
| ■ Other | 2% |



BRIAN GARRITY
PROGRAM SPECIALIST

Brian joined the staff in October, 1999, and works half-time. Over the years, Brian has participated in various mental health related advisory councils, work groups, and advocacy organizations. Brian has been a long-time advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness. Brian is married and has an 11-year old Samoyed dog, Snowball.

Services provided

SERVICE TYPE

| | |
|--|-----|
| ■ Coaching/information..... | 71% |
| ■ Referral | 20% |
| ■ Informal assistance..... | 6% |
| ■ Other (includes investigations)..... | 3% |



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resources

Hotlines/Help Lines:

National Suicide Prevention Lifeline

(a 24-hour toll-free suicide prevention service available to anyone in suicidal crisis— your call will be routed to the nearest possible crisis center in your area)

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

Montana Warm Line

(a non-crisis phone line staffed by primary consumers)

Monday - Friday 4:00-10:00 p.m.

Saturday-Sunday 1:00-10:00 p.m.

1-877-688-3377

www.montanawarmline.org

Medicaid Recipient Hotline

(assists Medicaid recipients with authorization for and reimbursement for transportation costs)

1-800-362-8312

Montana Citizens' Advocate

(assists Montanans in their interactions with state executive branch agencies and helps navigate the often complex statutory and regulatory environment of state government)

1-800 332-2272

citizensadvocate@mt.gov

Aging Hotline

(Citizen's Advocate)

1-800-332-2272

Advocacy Organizations in Montana

Disability Rights Montana (formerly MAP: Montana Advocacy Program)

1-800-245-4743

disabilityrightsmt.org

Montana Fair Housing

(a non-profit organization that provides information and support, and investigates allegations of discrimination in housing)

1-800-929-2611

www.montanafairhousing.org

Montana Home Choice Coalition

(affordable, quality housing for people with disabilities)

449-3120

www.montanahomechoice.org

Montana Mental Health Association (Mental Health America)

1-877-927-6642

www.montanamentalhealth.com

NAMI-MT (National Alliance on Mental Illness-Montana)

406-443-7871

www.namimt.org

PLUK - Parents, Let's Unite for Kids

1-800-222-7585

www.pluk.org

People's Law Center

(assistance with Social Security and Medicaid issues on sliding fee scale)

1-866-650-9013 Bozeman/Billings

1-800-406-5567 Helena/Butte/Missoula

1-800-406-5560 Great Falls/Havre

Tenant-Landlord Resource (Montana Public Interest Research Group - MontPIRG)

www.montpirgstudents.org/

[rentersrights](http://rentersrights.org)

State of Montana Resources

Addictive and Mental Disorders Division

(mental health services information)

1-888-866-0328

www.dphhs.mt.gov/amdd

Children's Mental Health Bureau

444-4540

[www.dphhs.mt.gov/mentalhealth/](http://www.dphhs.mt.gov/mentalhealth/children)

[children](http://children.dphhs.mt.gov)

Healthy Montana Kids (HMK)

(formerly Children's Health Insurance Plan - CHIP)

1-877-543-7669 (1-877-KidsNow)

444-6971 Helena

<http://hmk.mt.gov>

Human Rights Bureau – Montana Department of Labor

(receives and investigates complaints of illegal discrimination.)

1-800-542-0807

www.dphhs.mt.gov/vocrehab/

[independentlivingservices](http://independentlivingservices.org)

Insurance Commissioner - Montana State Auditor's Office

(assists with inquiries regarding insurance issues)

1-800-332-6148

LAWS

(official web site for the Montana 2011 Legislature)

<http://laws.leg.mt.gov/laws11/>

[LAW0200W\\$.Startup](http://LAW0200W$.Startup)

Long Term Care Ombudsman

1-800-551-3191 Regional or Local

Ombudsman

1-800-332-2272 Helena Office

(Citizen's Advocate)

[www.dphhs.mt.gov/sltc/services/](http://www.dphhs.mt.gov/sltc/services/aging/lombudsman.shtml)

aging/lombudsman.shtml

Mental Disabilities Board of Visitors

(independent oversight of mental health facilities)

1-800-332-2272 (Citizen's Advocate)

www.boardofvisitors.mt.gov

Big Sky Rx Program (BSRx)

Pharmaceutical Assistance

(helps Medicare clients pay for Medicare approved prescription drug insurance premiums)

1-866-369-1233

[http://www.dphhs.mt.gov/](http://www.dphhs.mt.gov/prescriptiondrug/bigsky.shtml)

prescriptiondrug/bigsky.shtml

SHIP—State Health Insurance Program

(assistance for Medicare beneficiaries)

1-800-551-3191 Regional or Local SHIP

444-7870 or 444-0998 Helena Office

[www.dphhs.mt.gov/sltc/services/](http://www.dphhs.mt.gov/sltc/services/aging/ship.shtml)

aging/ship.shtml

National Resources

Bazon Center for Mental Health Law

1-202-467-5730 (not toll-free)

www.bazon.org

MEDLINEplus - Drug Information,

(National Library of Medicine and National Institutes of Health)

[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/druginformation.html)

druginformation.html

Drug Patient Assistance Programs and Drug Information

www.nami.org/helpline/freemed.htm

Mental Health America

(formerly Mental Health Association)

1-800-969-6642

www.nmha.org

Montana:

406-587-7774 / 1-877-927-6642

www.montanamentalhealth.org/

NAMI - National Alliance on Mental Illness

1-800-950-NAMI (6264)

www.nami.org

Montana:

406-443-7871

www.namimt.org

National Mental Health Consumers' Self-Help Clearinghouse

1-800-553-4539

www.mhselfhelp.org

Office of the Medicare Ombudsman

[http://www.cms.gov/center/](http://www.cms.gov/center/ombudsman.asp)

ombudsman.asp

President's New Freedom Commission on Mental Health – Final Report (2003)

[www.mentalhealthcommission.gov/](http://www.mentalhealthcommission.gov/reports/reports.htm)

reports/reports.htm

SAMHSA - Substance Abuse and Mental Health Services Administration

www.samhsa.gov

The Village - Long Beach California

www.mhala.org/mha-village.htm