

FY2018

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 - FY2018

1. From the period of July 2017 through June 2018, the Mental Health Ombudsman Office received approximately 408 calls. 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
- Individual mental health rights
- Access to mental health care within or transitioning from the criminal justice and juvenile justice systems
- 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).
- Montana Mental Health Oversight Advisory Council (MHOAC)
- Admissions and Discharge Review Team (ADRT) Meetings in Warm Springs.
- Vision 21: Systems of Care for children and youth project (Office of Victims of Crime funded project).
- Montana Council on Developmental Disabilities.
- MACO Jail Advisory Group (JAG)
- Montana Lifespan Respite Coalition
- Local Advisory Councils (LAC)

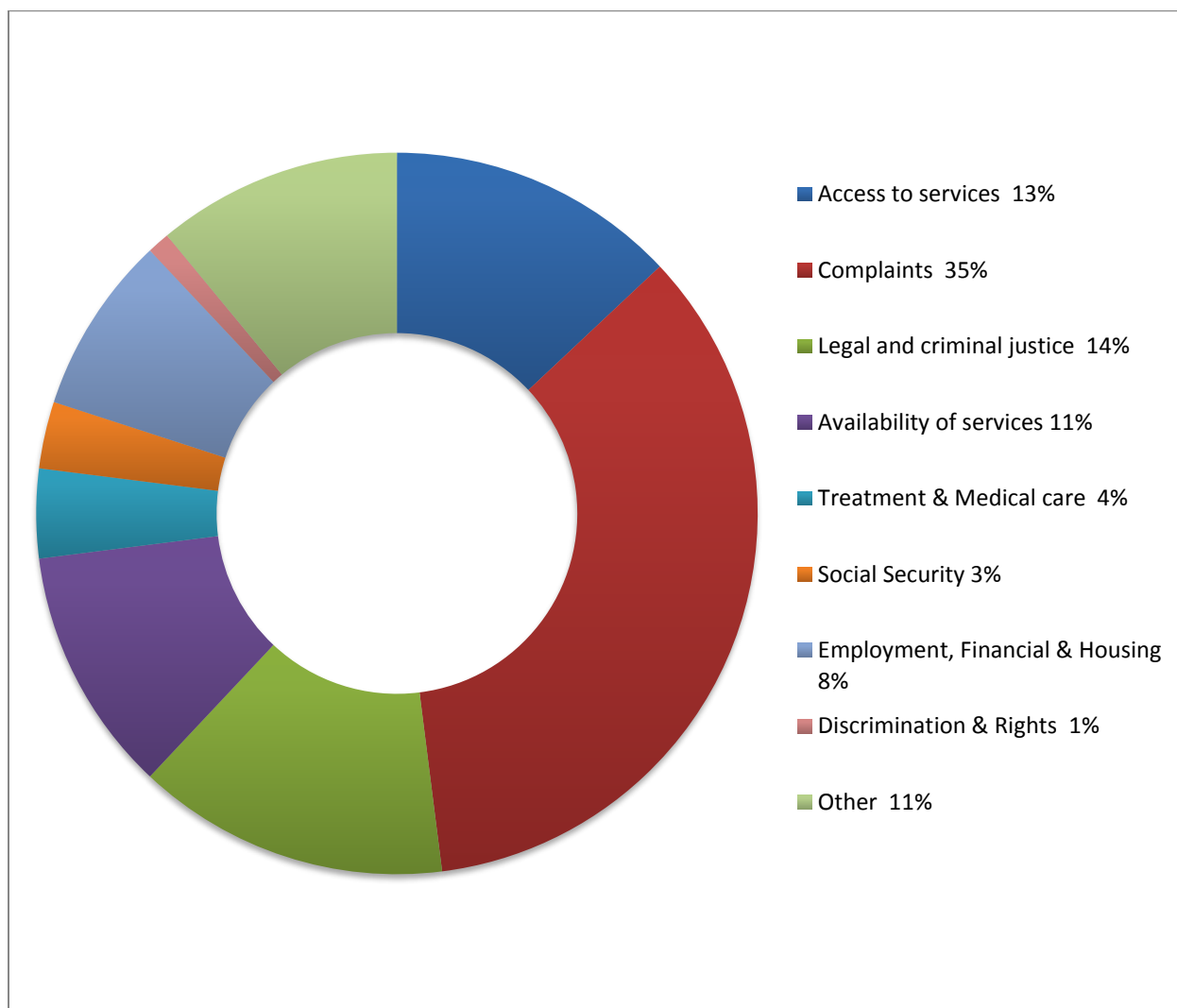
3. The Mental Health Ombudsman was involved in many outreaches/activities throughout the state, including:

- Assisted Montana Mental Disabilities Board of Visitors with a site visit to Montana Developmental Center (MDC) in Boulder.
- Continued participation in multiple annual mental health events around the state, including: Montana Conference on Mental Illness, Montana Recovery Conference, Montana Conference on Suicide Prevention, along with many others.
- Invited to and participated in other events throughout the state. This included the 1st Annual Survivors of Suicide Loss Day, Heads Up Behavioral Health Career Camp in Libby, and International Critical Incident Response Network Conference.
- Involved in the Vision 21:Systems of Care for children and youth project (Office of Victims of Crime funded project). Through this project, was involved in creating the Montana Victimization and Trauma Screener (Montana VTS) tool.

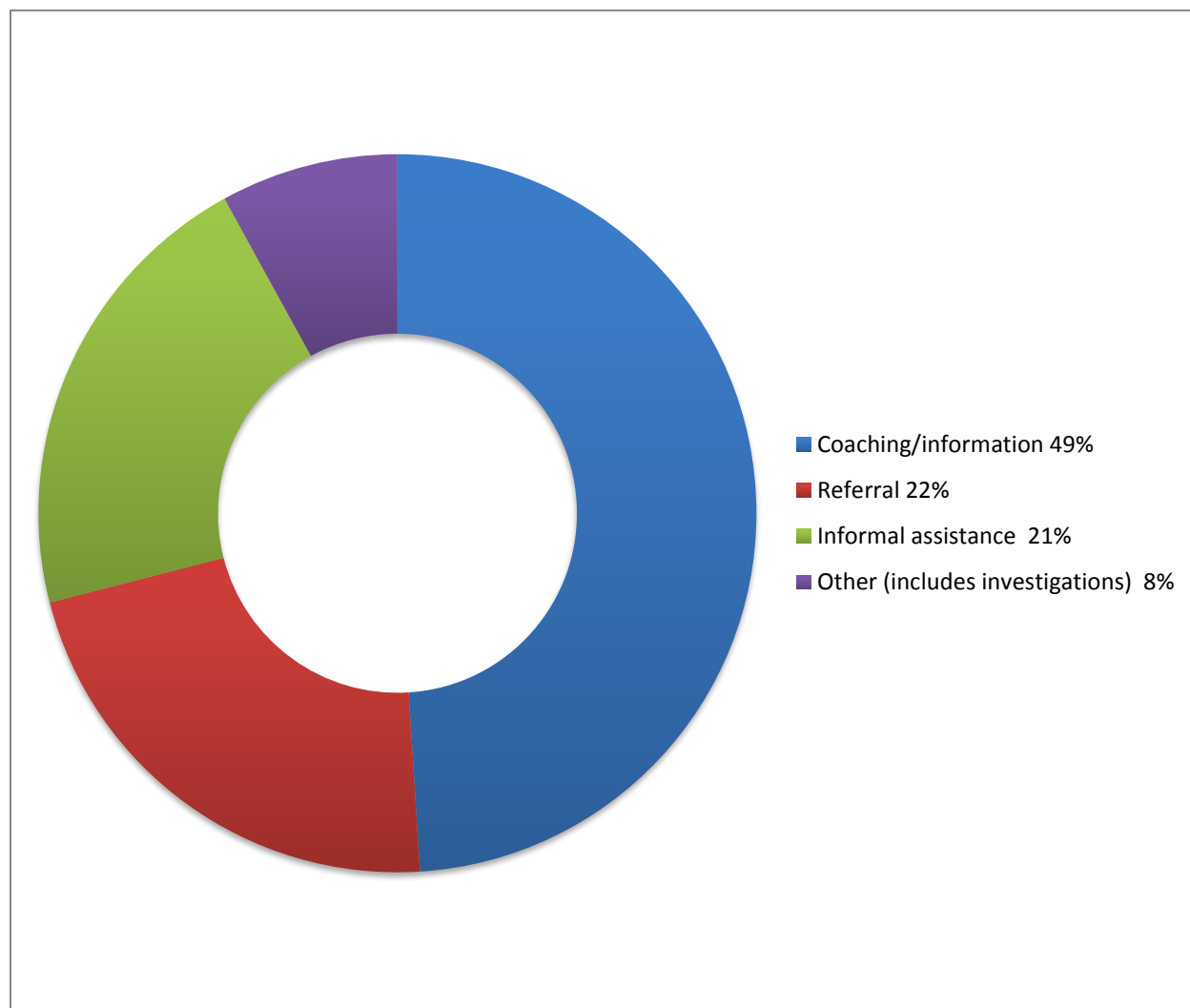
Office of the Mental Health Ombudsman - FY2018 (Cont.)

- 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 and Great Falls.
- For the third consecutive year, worked with the Montana Suicide Prevention Coordinator and the EAP Program Manager, traveling throughout the state conducting suicide prevention trainings and awareness to State of Montana employees through the Suicide Prevention Campaign. These trainings were conducted throughout the year, provided in all the major cities, as well as the eastern part of the state (Glendive, Miles City, etc.).
- Started working with a group looking at the opportunity to develop a Veterans Suicide Prevention Crisis Intercept Map. This group's focus was recognizing and eliminating gaps in the mental health crisis continuum serving the veteran population.
- 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.
- Keynote Speaker for 2017 USOA (United States Ombudsman Association) National Conference in San Antonio, TX.

FY2018 Mental Health Ombudsman Statistics at-a-glance **(Inquiries)**



FY2018 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 a service animal and felt their rights had been violated. The individual had gone to a store and the store staff yelled at the individual and told the individual that they could not bring their animal in the store.

The Ombudsman Office tried to clarify if the individual's animal was a certified "service animal". The Ombudsman Office explained the difference between "service animal", "therapy animal", and "emotional support animal". It was explained that ADA and Montana law refer to "service animals". The individual was going to discuss this further with their therapist/case manager and make sure the individual had the correct certification for the animal to be a "service animal".

Case #2

An individual called the Mental Health Ombudsman regarding issues she was having with her husband, diagnosed with dementia, who was not being allowed back into a nursing home after a visit to the Emergency Room. The individual stated her husband had an incident at his nursing home associated with his dementia and was sent to the Emergency Room for evaluation and treatment. After the evaluation/treatment, the nursing home would not take the individual back and they had no place for him to go.

The Ombudsman Office talked with the Senior and Long Term (SLTC) Ombudsman regarding the situation and they stated they would be investigating the complaint. That information was forwarded to the wife and told she could work directly with the SLTC Ombudsman regarding this complaint.

Case #3

A mother of a fifteen-year-old boy contacted the Mental Health Ombudsman regarding issues with her son being discharged from an out of state residential treatment center and she felt he was not ready to be discharged. She had understood that her son still needed more time to transition into a group home but the monies to keep him at the facility were running out.

The Ombudsman Office contacted Addictive and Mental Disorders Division (AMDD) within DPHHS and explained the issue to them. They stated they would look into the concerns and work with the mother to see what could be done.

Case #4

The Mental Health Ombudsman was contacted by an individual regarding her adult son who was currently incarcerated. The individual stated her son had had an extensive history of being incarcerated and she felt he was not getting adequate mental health care in jail.

After talking through the issues with the individual, the Mental Health Ombudsman Office suggested the following solutions:

- Have the son try to talk and work with the mental health staff within the jail to help him with his mental health issues.
- If the issues continue, the son could file a grievance in the jail regarding the issues he was having.

MENTAL HEALTH OMBUDSMAN WORK PLAN 2018

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 experienced some tough times during FY2018 due to the budget cuts following the 2017 legislative session. Many calls/concerns came up during this time regarding the status of continued mental health services throughout the state. 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:

- ✓ Continue to explore the evidence-based models that have been proven to work and apply them to our mental health services.
- ✓ Work on continuing to expand in-state service options that can provide comprehensive, community-based, evidence-based, recovery focused programs to both adults and children.
- ✓ 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.
- ✓ 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.
- ✓ Need to continue the support for:
 - Community integrated care
 - Community drop in centers
 - Community based suicide prevention training
 - Community crisis stabilization projects