

<b>What advocacy at Holy Spirit would look like</b>		
<b>Step</b>	<b>Explanation</b>	<b>Example</b>
<b>1. IDENTIFY THE ISSUE</b>	HSP members seeking to influence change on a particularly pressing issue in the public sphere present their case to the Social Concerns Committee. SCC determines viability of advocating for this issue, makes recommendation to Vestry and Rector.	Sudden and steep state budget cuts have drastically reduced case management services by non-profit agencies for children and adults in Montana with mental health and/or developmental disabilities. Their wellbeing, particularly in a crisis, is imperiled.
<b>2. ASSESS THE ISSUE'S IMPORTANCE TO HSP AND TO THE EPISCOPAL CHURCH</b>	Simultaneously, advocate(s) explain to SCC why resolution of this issue is of particular importance to HSP and to The Episcopal Church. Evidence of previous or current interest by HSP or TEC is considered.	Adequate funding of programs to support treatment of those with mental health or disability issues is a key element of Holy Spirit's discerned focus on children, youth and families at risk (discerned during 2016 listening sessions with parishioners). Efforts to ensure such funding are also clearly consistent with The Episcopal Church resolutions related to responding to the needs of the mentally ill (1985 and 1991) and support for community services for the disabled (2015)
<b>3. LEARN MORE ABOUT THE ISSUE</b>	With Vestry/Rector approval of the project, advocates turn to key sources of information to research the issue Further research may alter the thrust of the advocacy.	We identify key actors, persons affected, organizations, institutions and service providers through news articles and by talking to knowledgeable sources. We identify local and state legislators who would be effective allies.
<b>4. ENGAGE HOLY SPIRIT PARISH AND THE COMMUNITY</b>	Advocates and the SCC engage church members and seek their buy-in. Unanimity may not be possible, but advocates will seek broad consensus on the aims of this advocacy project.	We hold education and information sessions, distribute literature, plan talks and announcements during church, plan a talk-back forum for parishioners to voice their concerns.
<b>5. TAKE EFFECTIVE ACTION</b>	Advocates identify effective means of taking action in the name of HSP and keep Vestry and Parish informed in advance of possible actions.	We take action as Holy Spirit Parish or collective action with groups such as MAC and MIC (see below). Advocacy may include letters, phone calls, op-eds, and testimony before public bodies.

## **INTRODUCTION**

In response to the Vestry's request for clarification, the Social Concerns Committee has developed this example of what advocacy at Holy Spirit could look like. We have chosen a pressing social issue that severely affects the lives of some of the most fragile members of our society, our brothers and sisters who have mental health disorders or developmental disabilities, and who cannot advocate for themselves.

## **THE ISSUE**

Sudden and steep state budget cuts have drastically reduced case management services by non-profit agencies for children and adults with mental health and/or developmental disabilities. Their wellbeing, particularly in a crisis, is imperiled. More individuals will end up in nursing homes or emergency rooms or in custody, costing taxpayers much more. In addition, dozens of caseworkers have lost their jobs and organizations that serve such individuals are also imperiled or even going out of business, leading to more job losses.

*Here is some background on this situation:*

In the early 1990s, the state began contracting with nonprofit agencies throughout Montana to provide case managers for children and adults with mental health and substance abuse disorders and with developmental disabilities. State government officials at that time believed that local agencies could provide higher quality and less expensive client-care services. The philosophy surrounding client care had significantly changed over the preceding decades. Instead of placing individuals with disabilities into large state institutions, the focus was shifting to keep clients in or near the local communities where they had been born and raised. The state contracted with local agencies to provide targeted case managers for individual clients. It became the job of these local case managers to insure that clients got to appointments, took their medicines, got and kept jobs, made it to social activities, and whenever possible, successfully transitioned to independent living. One result was fewer clients in crisis ending up in hospital emergency rooms or in the hands of law enforcement agencies.

For more than 25 years, this was the primary way that client-care services were provided by the State Department of Public Health and Human Services. That is, until the 2017 legislative and special legislative sessions. Lower than expected revenues to the state and a more costly fire season resulted in a \$227 million budget shortfall. The DPHHS share of the state budget cuts is about \$49 million over two years. As part of those cuts, the state as of March 31, 2018, terminated all contracts with local agencies to provide case managers to individuals with mental health disorders or developmental disabilities. The state plans to transfer care of those clients affected by the cuts to state DPHHS offices in nine cities. An estimated 2,700 people with developmental disabilities who received help from privately contracted case managers are being moved to state-run offices.

What could be the result of this change? Client-care advocates worry that state case managers will have to assume caseloads of 50 to 60 clients, double what advocates say is reasonable. Others fear a return to scenarios where clients in crisis go to hospital

emergency rooms for help, rather than contacting a local case manager. Law enforcement officials wonder whether they, too, will need to intercede in more crisis situations. Decades ago, state deputies often had to transport people in crisis to the Montana State Hospital in Warm Springs because community facilities did not exist or were insufficient. Already, Helena Industries, a major provider of services for 900 developmentally disabled individuals, closed in early April of this year. The loss of a targeted case management contract with the state accounted for a third of Helena Industries' operational funds. Helena Industries provided case management services for groups such as Easter Seals-Goodwill Northern Rocky Mountain and Quality Life Concepts in Great Falls and also ran career development services and a work program for developmentally disabled individuals. Without such services to help clients remain independent, more individuals might end up in nursing homes or other institutions.

Last, but not least, there are intangible costs that flow from these draconian budget cuts. The loss of the vital support network for the disabled threatens their autonomy, as well as the vital sense of self-respect, dignity, purpose and meaning that comes from guiding their own lives.

## **2. ASSESSING THE ISSUE'S IMPORTANCE TO HSP AND TO THE EPISCOPAL CHURCH**

In 2016, Holy Spirit Parish worked together with the Missoula Interfaith Collaborative to conduct "listening sessions" with parishioners at Holy Spirit. The purpose of the sessions was to discern which social or community concerns were foremost on parishioners' minds, to guide the efforts of the Social Concerns Committee. The single most important concern focused on support for children, youth and families at risk, and this has led to two important ministries at Holy Spirit – additional support at Parenting Place and development of a program to cooperate with Hellgate High School.

However, in 2018, children, youth and families are threatened by the substantial cuts in State budgets for Health and Human Services described above.

Similarly, these budget cuts and the impact they will have on the community conflict with several resolutions from The Episcopal Church (the "national" church), which has directed dioceses and congregations to respond to the needs of the mentally ill (1985 and 1991) and to support community services for the disabled (2015).

In responding to the needs of the mentally ill, specific language confirmed at The Episcopal Church's National Convention states that "dioceses and congregations work with existing agencies and organizations to assist with and initiate programs ....which lead to an improved quality of life for people who have a mental illness, with specific attention to those who have become homeless; and that dioceses, congregations and individual parishioners become advocates for public policy and adequate funding to provide comprehensive community-based services, hospital care and research into the causes and treatment of mental illness..."

With respect to community services for the disabled, the National Convention "urge(s) dioceses and local congregations to discern ways in which they can provide practical

support to individuals and families affected by a lack of adequate home and community-based services and supports.”

### **3. LEARNING MORE ABOUT THE ISSUE**

Effective advocacy at HSP would be a two-pronged effort of education—first we educate ourselves about the nature, causes, and effective solutions of a social problem we care about, and then we educate the community and state legislators. We learn from those suffering from the problem—the real-life experts on poverty or violence—as well as from caregivers and those who have studied the overall issue, done research, and written on it. Our position on an issue emerges as we learn the consequences of not taking action or of taking the wrong one. We also draw on Christian teaching and the advocacy work of the National Church to articulate and uphold a clear moral understanding of the issue we have explored. And we come to understand the specific actions needed on the part of local and county government and the state legislature, as well as of the general public, to right the wrongs we have learned about.

Holy Spirit parishioners who wished to advocate to restore the cuts to targeted case management would steep themselves in the facts and background of the issue. Persons, organizations and institutions would be identified and contacted for more information, if necessary. We would identify state legislators throughout the state, but particularly in Missoula and other cities with an Episcopal church presence, who would be effective allies. News articles and other information on the topic would be researched and distilled. A sample list of possible sources of information about this particular example is included at the end of this report.

### **4. ENGAGING HOLY SPIRIT PARISH AND THE COMMUNITY**

The second step of effective advocacy is to position ourselves as teachers of those still needing information and discussion, with the goal of generating the will in them, that we ourselves feel, to cause the changes needed in the system and its laws to happen. To that end, an educational presentation at HSP regarding the issue of state funding for case managers of at risk children and adults would be crucial. This panel of presenters would include local state legislators, social workers engaged in case management, families impacted by the decrease in funding and the loss of case managers, public health officers and other individuals who impact this issue. The forum would also include a time for questions and answers. It would be helpful to invite candidates for state legislative positions to be present, not necessarily to provide a platform to campaign, but more as a listening/learning session for them. We should also include a talk-back forum for HSP so that individuals can express their concerns about this issue or about Parish advocacy on this issue.

Other methods of engaging parishioners in this issue would include readings and links to online information; pulpit speakers; a message from the Rector.

It would also be helpful to contact the Diocese and other Episcopal churches to inform them of our activity and to ask for their involvement. We could also offer relevant panels, films and lectures to the community that we previously offered our own parishioners.

## 5. TAKING EFFECTIVE ACTION

In general, the result of education and engagement on an issue is to then take action to address the problem or problems. Such action in the public sphere can be done as individuals, most easily by signing up with the Episcopal Public Policy Network of the National Episcopal Church, ([eppn@episcopalchurch.org](mailto:eppn@episcopalchurch.org)) which sends out weekly suggestions for targeted actions on different issues that each one of us can take. This week, for example, the Network asks us to urge our Senators and Representatives to cosponsor the Global Food Security Act. The Network includes sample letters, scripts and contact information for those who should receive them. But these should be personalized to be as effective as possible. Letters to the editor or to legislators from individuals are particularly effective when those writing them have first-hand knowledge of the injustice in question.

Statewide and local associations such as MAC—Montana Association of Christians—and MIC—Missoula Interfaith Collaborative—also offer many opportunities for parishioners to become involved. Through these groups, we can write letters and op-eds to the *Missoulian* or other newspapers and write, call, or meet with local, county, state, or national elected officials.

Nonetheless, the power and effectiveness of advocacy by Holy Spirit parishioners *representing Holy Spirit Parish* cannot be underestimated. Our church, as an important pillar of our community and a moral voice in high standing, has the power to effect change through collective action, whether we do so as a single church or act in concert with others as through MAC and MIC. Holy Spirit Parish should see itself as the local voice of positions taken by The Episcopal Church, especially when other groups are apathetic to critical needs in the community and state. HSP can fittingly articulate the need to take action to right injustices such as withholding needed services to vulnerable and deprived people.

In regard to this particular issue, we could do one or more of the following:

- Develop a letter of advocacy from HSP that can be mailed/emailed to state legislators and candidates for the state legislature.
- Develop a script for calls to state legislators that can be used by anyone in the Parish who wants to be involved.
- Write an op-ed article for the Opinion section of the *Missoulian* and encourage letters to the editors from parishioners.
- Engage the community through panels, films, book-studies, lectures and the like.
- Seek alliances with other groups and organizations working toward the same goal.
- Prepare to testify and/or visit Helena during the legislative session to advocate for restoring and/or increasing funding for case managers for "at risk" individuals, particularly children.

Advocacy example May 2018

Attached is a sample letter to the Missoulian on our chosen issue—the recent, drastic budget cuts to social services for the mentally ill and developmentally disabled.

## **APPENDIX**

### **A. Here are some possible sources of information about this particular issue:**

#### Institutions/service providers

Joel Peden, Montana Independent Living Project; Sandie Dearman

Travis Hoffman, Summit Independent Living

Jodi Daly, (fmr CEO), Western Montana Mental Health Center; interim CEO Paul Meyer

Brenda Kneeland, Eastern Montana Community Mental Health Center

Barbara Mettler, South Central Regional Mental Health Center

Sydney Blair, Center for Mental Health

Dan Aune, board president for Mental Health America of Montana and a former director of multiple mental health clinics and a children's psychiatric hospital in Bozeman

Joshua Kendrick, chief executive officer of Opportunity Resources, Inc.

Julie Fleck, director of Sunburst Community Service Foundation (MH services in NW Montana)

AWARE Inc., in Anaconda, a large private provider of mental health and disability services to more than 3,000 individuals and families statewide with about 1,000 employees.

Matt Bugni, chief information officer. Pat Noonan, public and government relations director

Francine Sadowski, CEO, Missoula Developmental Service Corporation

Shantelle Gaynor, Relationship Violence Services director

Missoula Aging Services CEO Susan Kohler

Sue Silverberg, mental health therapist in Missoula

Rose Brock, Butte, a retired contracted case manager/supervisor

#### Associations

Rev. David Andersen, Montana Association of Christians

Dave Hemion, Montana Dental Association

Rose Hughes, Montana Health Care Association and Montana Association of Community Disability Services

Sue Weingartner, Montana Optometric Association

Marti Wangen, Montana Podiatric Medical Association

Duncan Campbell and Michele McKinnie, Montana Psychological Association

Catherine Drescher, Montana Speech-Language-Hearing Association

#### Other advocates

Disability Rights Montana, Beth Brenneman,

Montana Women Vote, Micah Nielsen

Missoula Rises

#### Government

DPHHS Director Sheila Hogan

Marie Matthews, DPHHS's Medicaid and health services branch manager  
agency spokesman Jon Ebelt

Missoula City-County Health Department Director Ellen Leahy

Advocacy example May 2018

State Reps. Mary Ann Dunwell, D-Helena, Amanda Curtis of Butte, Shane Morigeau of Missoula, Andrea Olsen of Missoula and Jean Price of Great Falls, state Sens. Mary Caferro of Helena and Diane Sands of Missoula

Others

Heather O'Loughlin, co-director of the Montana Budget and Policy Center.

**B. Here's a possible letter to the Missoulian that could be sent from HSP:**

Holy Spirit Episcopal Church deplores the deep cuts to state funding for human services made by the Montana Legislature last year. These cuts will end much cost-effective therapy and preventive treatment that case managers provide in the local community for mentally ill persons or those with physical or intellectual disabilities. The leadership of the State Legislature refuses to find new revenue sources, which has resulted in these devastating cuts in funding for many services that support families and communities across the state. Parishioner Bob Deaton's experience shows what's at stake for persons struggling with poverty, addiction, mental illness or disabilities:

"As a family therapist, I was assigned a family case in 2001 of a mother, recently recovered from a heroin addiction, with her two boys, a 12-year-old and a 16-year-old. The mother succeeded because she had comprehensive drug recovery services over two years. The court allowed her boys to return to her because they could get intensive family therapy from a family agency under contract with the Montana Department of Health and Human Services (DPHHS). The family was seen twice weekly for therapy and the mother was monitored to make sure that she complied with good parenting practices. I worked with this family for 6 months, and as the mother adopted healthy practices for herself and her boys, the case was closed.

"I set up a private practice two years later, and the older boy, now 19, was referred to me for individual therapy. He had developed young-adult-onset schizophrenia, had moved out of the family home, and was living alone in a small subsidized apartment. Having that and a small monthly pension from social security disability provided the necessary base of support. He saw me for outpatient therapy every two weeks. A case manager from Community Mental Health visited him every month, and he had a care provider in the home each week. Adult schizophrenics are not often cured, but with help and some supervision, they can learn to manage most daily living tasks and learn to understand troublesome thoughts, feelings, and behaviors through therapy and case management. The comprehensive services this young man got enabled him to remain in the community."

With the cutbacks in the DPHHS budget, he would most likely not be able to continue living independently. He would have to go to a group home or larger institution, at much greater cost to Montana taxpayers. He would not have a care provider in the home. A case manager would see him much less frequently, if at all. He would still receive individual therapy under Medicaid, but the sessions would be limited, and would be less successful without the combined effort of therapy, case management, and follow-up in the home by a care provider. Plus, he would lose the self-respect, sense of identity and purpose, and happiness that he now creates for himself by standing on his own two feet, with crucial help from professionals.

## Advocacy example May 2018

And with the DPHHS cuts, a young mother with an addiction would most likely not get over that drug habit, not get her children back, and not learn how to be a better mother to them. Holy Spirit Episcopal Church calls on every concerned Montana citizen to contact State Senators Diane Sands and Mary Caferro, members of the Children, Families, Health and Human Services Interim Committee, that will meet on May 14, with the main agenda item being the Medicaid Expansion (HELP Act). Please call or email and urge them to explore ways to reverse the current DPHHS budget cuts and find new revenue sources.

Holy Spirit Episcopal Church  
Missoula, Montana