

Hamilton, Julia

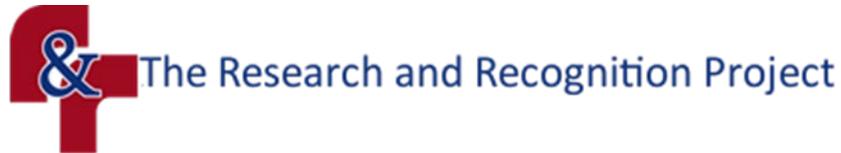
From: Lyn Hellegaard <lhellegaard@msn.com>
Sent: Wednesday, July 24, 2024 8:20 AM
To: Hamilton, Julia; Keenan, Bob; bob keenan
Subject: Behavioral Health System Commission proposal
Attachments: RTM 500 N \$3M CER Grant Proposal Montana 6-04-2024 version 4.docx

Good morning, Bob and Julia.

I read an article in the paper this morning about the committee looking for funding proposals. I would like to submit the attached for your consideration. I believe this program could have very positive outcomes for our first responders, veterans and/or the any individuals suffering from PTSD.

Thank you so much for your consideration.

Rep. Lyn Hellegaard HD97



June 5, 2024

Dear Mr. Carter,

Thank you, for your continued interest in and support to the Reconsolidation of Traumatic Memories Protocol™ and for allowing our founder Dr. Frank Bourke to testify before the Montana Senate, State Representatives, and Veteran's Court last week.

We would respectfully like to request a \$3 million allocation or grant from the State of Montana to begin training and treating individuals in Montana who are suffering from Post Traumatic Stress. We intend to train and certify up to 500 licensed mental health practitioners in the State of Montana. Each practitioner will then treat a minimum of 24 individuals. The results of the efficacy of the treatment on each client will be recorded, reported, and analyzed.

A comprehensive report on the results of the treatment will be made available to the appropriate State Agency and submitted for publication in peer reviewed journals.

Assuming that we record an over 90% efficacy rate, as we have seen in our other clinical trials, we would like to work with the State of Montana to apply for the funds to train 500 or more additional clinicians throughout the state to assure that every resident of Montana who suffers from the effects of PTSD are given the opportunity to receive treatment with the RTM Protocol™.

Attached please find a scientific overview of the training and research that will be accomplished with the \$3 million allocation. We are happy to meet with appropriate staff to further explain the project.

Sincerely,

Jon Hamblin
Chief Marketing Officer

Reconsolidation of Traumatic Memories Protocol™: Validation of Trainee Expertise in the Treatment of PTSD—A Comparative Effectiveness Study

Principal Investigator: Jeffery D. Lewine, Ph.D., Professor of Translational Neuroscience, University of New Mexico and Chief Scientific and Research Officer, The Research and Recognition Project, Inc.

Co- Investigators: Frank Bourke, Ph.D.; BG Loree Sutton, M.D (US Army, Ret.); Greg Jolissaint, M.D.; Richard Gray, PhD, Other Project Contributors TBD

Abstract: The proposed project will evaluate the effectiveness of the training for the Reconsolidation of Traumatic Memories Protocol™ by assessing how well certified trainees administer the RTM Protocol™ during their first year after training. Trainees will treat trauma patients with the RTM Protocol™ in their regular clinical settings. Trainees will collect information before and after treatment for each patient using the PSS-1-5 inventories. This comparison will help us analyze the treatment outcomes, including whether patients no longer meet the criteria for a PTSD diagnosis.

The study will compare the RTM Protocol™ results with those from other common treatments used by the VA, such as Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT), and control groups (placebo, waitlist, and treatment as usual).

Psychiatrists, psychologists, licensed mental health counselors, or supervised clinicians who recently became certified in using the RTM Protocol™ will treat patients and submit results before treatment, immediately after, and six months later. The data will be collected and anonymized before being sent to the research team, ensuring patient privacy.

Because this study uses historical data and anonymized patient information, it does not fall under the category of a human subjects study as defined by federal regulations (45 CFR 46.102(d)). Patient selection will follow sound clinical practices and the standards of their respective agencies. Treatments will be carried out under standard clinical conditions at multiple locations by around 500 clinicians.

Performance Period: 24 months

Total Cost: \$3M

Introductory Overview: Post-Traumatic Stress Disorder (PTSD) is a debilitating disorder that is triggered by exposure to a significantly stressful traumatic event threatening death or physical injury to oneself or others. Core features include intrusive re-experiencing (nightmares and flashbacks), avoidance, negative cognition and mood, and disturbances in arousal and reactivity. At its core, PTSD is a consequence of a persistent, strong, and maladaptive memory of traumatic events.

At present, the dominant therapeutic strategies for treating PTSD involve pharmacological agents (most commonly selective serotonin reuptake inhibitors) and/or cognitive behavioral therapy, including Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Eye Movement and Desensitization and reprocessing (EMDR). Unfortunately, available data indicate that these approaches provide clinically meaningful improvement in less than 65% of those treated, with fewer than 30% showing full remission of PTSD symptoms. Furthermore, these interventions are costly and time-intensive (e.g., 12-16 weekly 60- 90-minute sessions for PE), and efficacy seems to diminish with time. Clearly, there is a pressing need to develop and field more efficacious, rapid, and cost-efficient strategies.

Recent research shows that retrieving memories under certain conditions can open a 1–6-hour window during which reactivated memories can be updated and modified. This process, known as reconsolidation, may have important implications for PTSD treatment, as realized in the Reconsolidation of Traumatic Memories Protocol™, which explicitly targets the intrusive symptoms of PTSD.

The RTM Protocol™ begins with a brief, quickly terminated recall of the traumatic event that is believed to ‘open’ the reconsolidation window. Through a series of guided dissociative visual imagery exercises, the client then engages in perceptual manipulation of the traumatic memory (e.g., recalling the event from a third-person perspective, viewing it in black and white, in reverse order, and at high speed) in a manner that ultimately allows for recall of the event without triggering emotional hyperarousal. Typically, this protocol is completed over the course of three to five 60-90 minute sessions.

Published peer-reviewed wait-list controlled studies indicate that the RTM Protocol™ leads to a rapid and substantial reduction of PTSD symptoms, especially with respect to intrusive symptoms like nightmares and flashbacks. The RTM Protocol™ is recognized by the National Institute for Health and Care Excellence (NICE) in England and was included in the 2019 book of the International Society for Traumatic Stress Studies (ISTSS is the gold standard for evidentiary medicine) annual review of recommendation treatment for PTSD, with emerging evidence, and is approved by the Ukrainian Ministry of Health as an evidence-based treatment for trauma-related conditions.

The following figures provide findings of RTM’s reported efficacy.

Figure 1.

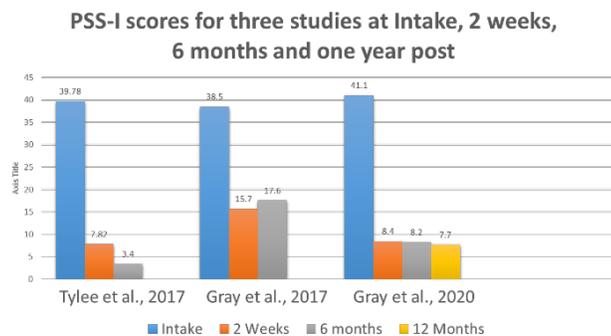


Figure 1: Final data from our team (citations as noted) showing how RTM reduces PTSD overall (PSS-I). RTM treatment is associated with a significant change in PTSD symptoms. For the PSS-I, a change of 20 points is considered to be clinically meaningful. RTM was associated with an average reduction in PCL score of 28.82 points, with 90% of subjects no longer meeting clinical criteria for PTSD following treatment.

Figure 2.

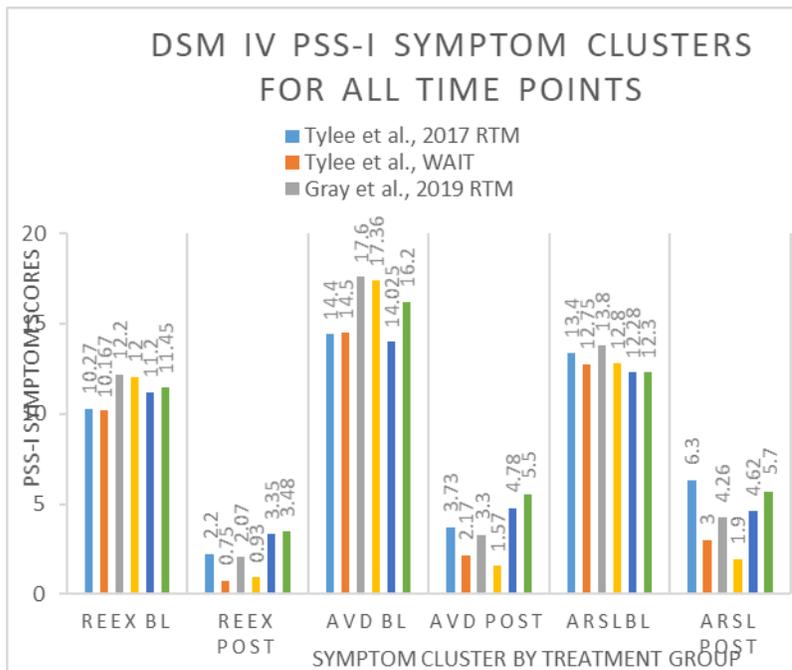


Figure 2: Final data from our team (citations as noted) showing how RTM significantly reduces all DSM-IV PTSD symptom clusters across the same three studies.

Figure 3.

PSS-I-5 Results from trainee treatments by initially reported target trauma type-PSS-I-5 results only											
Trauma type	N	Mean Baseline PSS-I-5	SD	Mean Post PSS-I-5	SD	Δ	Δ %	ES d	ES g	95% CI	
										Lower	Upper
Sexual Trauma	21	45.8	12.9	10.2	9.3	35.6	78	3.17	3.11	2.21	4.06
Family Violence	20	49.8	13.7	13.7	12.9	36.1	72	3.58	3.5	2.49	4.57
Other	18	46.9	12.5	11.2	10.1	35.7	76	3.14	3.07	2.11	4.04
Accident	6	41.8	15.76	5.5	4.2	36.3	86	3.14	2.9	1.28	4.52
Combat	4	39.3	11.26	7.5	5.7	31.8	81	3.56	3.1	1.04	5.14
First Responder	2	42	0	2	0	40	95	-	-	-	-
Health Trauma	2	48.5	33.2	4.5	3.5	44	91	1.86	1.05	-1.04	3.14
School Violence	1	42	0	5	0	37	88	-	-	-	-
Means	74	44.5	12.4	7.45	5.7	37.06	83.38	3.075	2.788	1.348	4.245

Table note: Some categories were too small for the computation of effect sizes. n= number of clients; Δ = (Baseline PSS-I-5) – (Post Treatment PSS-I-5); Δ% = % change; ES d = Cohen’s D; ES g = Hedge’s g; CI =Confidence Interval. The table is derived from Gray, Davison, and Bourke (2021) and is used with the permission of the authors.

Figure 3: A recent cadre of RTM-Certified clinicians expended the kinds of trauma to which RTM has been applied and achieved equivalent results to previous RCTs.

Specific Aims and Hypotheses:

1. To evaluate the effectiveness of certified RTM Protocol™ clinicians in administering the protocol by demonstrating reductions in the clinical symptoms of PTSD as revealed by submitting de-identified (45 CFR 46.102(d)) pre- post- and 6-month PSS-I-5 data to the primary investigators for comparison with equivalent case presentations as found in PTSD Trials Standardized Data Repository (<https://ptsd-va.data.socrata.com/>). Certified clinicians are hypothesized to produce equivalent results to those reported in the four studies charted above.
2. To evaluate the comparative efficacy of the RTM Protocol™, CPT, EMDR, and PE for reducing primary clinical symptoms in PTSD as assessed using the PTSD Symptom Scale-Interview Version (PSS-I) as the primary diagnosis and clinical outcome measure, and the average number of weekly intrusive events as logged in a diary. It is hypothesized that each therapeutic approach will show some efficacy, but that the RTM Protocol™ will yield the greatest reduction in symptoms in the shortest amount of time.

Methodological Approach:

Through its training initiative, the Research and Recognition Project will recruit and train as many as 500 state-licensed counselors, therapists, and other treatment providers during the first 12 months of the performance period. Immediately following certification, those providers will return to their normal course of employment to treat mental health complaints. In the course of that employment, they will make clinical decisions according to standard psychological practice, the RTM Protocol™ treatment criteria, and in consultation with supervisory staff as to which patients should receive the RTM Protocol™ treatment for PTSD.

During the ensuing year, certified clinicians will treat clients and record PSS-I-5 data at intake, end of treatment, and 6 months post-treatment. They will log flashbacks and nightmares as reported by the client during the treatment and follow-up period. At the end of the first year for all certified RTM Protocol™ clinicians in that agency, client information will be collected, de-identified (pursuant to the definitions at 45 CFR 46.102(d)), and then transmitted as historical data to the study researchers. Study researchers will compile, evaluate, and compare the PSS-I data received from those agencies with comparable data from the PTSD Trials Standardized Data Repository. A wide range of data-analytic methods, including univariate and multivariate statistical approaches, will be utilized to track treatment response and clinician efficacy over time.

Timing of work: Most of the first year will consist of training therapists and preparing therapist treatments and data collection. By the one-year mark, agencies will collect de-identified data and transmit it to the study investigators. In the ensuing year, researchers will begin analyzing the data on an agency-by-agency basis and preparing background materials for anticipated publication. By the end of year two, we will request all available data from all participating agencies, and data for all participants may then be integrated and evaluated. Publications should be prepared and submitted by the end of year three.

Potential Impact:

The proposed comparative efficacy study will be the first to compare the RTM Protocol™ with already established treatments directly. The approach is expected to replicate the findings of previous RTM Protocol™ studies and expand upon clinical outcomes. If successful, this project will augment our understanding of PTSD and help establish the RTM Protocol™ as a more effective, time-efficient, and cost-efficient treatment alternative to front-line PTSD treatments.

Costs:

A total budget of \$3 M is requested over a 24-month period. These funds will cover direct and indirect costs related to clinician certification, weekly supervision of 500 clinicians, investigator salaries, data analysis, and materials and supplies.

Hamilton, Julia

From: Larry White <llwhite04@yahoo.com>
Sent: Sunday, July 28, 2024 11:18 AM
To: Hamilton, Julia
Subject: RTM Protocol

Dear Ms. Hamilton:

I am writing in support of the grant request by The Recognition and Research Project for funding to train Montana mental health counselors in the management of PTSD. Over the past eight years I have served as a mentor to veterans who are admitted to the Missoula Veterans Treatment Court. Meeting with participants weekly, I have witnessed the terrible burden veterans with PTSD endure.

This innovative methodology for managing post traumatic stress disorder holds great promise of relief for the thousands of Montana Veterans who suffer from the condition. I hope the Commission will fund the request by the Project.

Sincerely,

Lawrence L. White, Jr.
Ph: 406.546.3241

Hamilton, Julia

From: Barry Naylor <naylorbw1@gmail.com>
Sent: Monday, July 29, 2024 9:35 AM
To: Hamilton, Julia; naylorbw1@gmail.com; lindalarry915@gmail.com
Subject: Reconsolidation of Traumatic Memories Protocol

Julia,

My name is Barry Naylor. I am a Mentor with the Missoula Veterans Treatment Court. I served in the USArmy from '69-'71. Part of that service included a 12 month tour in Vietnam.

I consider myself lucky in the fact that I did not have an incident that created Post Traumatic Stress. Since my discharge, I have met and lived around many Veterans that have PTSD. It is debilitating.

My first Mentee carries his event with him 24/7. He relives this event every time a plane flies over. Heat, smell, and sounds trigger a reaction. He has been through all the VA has to offer for treatment.

I believe the RTM protocol will offer people like him a relief that he deserves, if even for a short time.

We of the Missoula Veterans Treatment Court believe the Protocol will be effective. We ask sincerely that you approve this Protocol to train clinicians across Montana.

It is my belief that Montanans are pioneers who will stand behind any treatment that offers the hope of returning individuals to their original strength.

Training clinicians will benefit every affected citizen in the long term, not just our Veterans. We must offer a remedy where self destruction is not the answer.

Thank you for considering,

Barry Naylor
406-493-5982

Sent from my iPad

Hamilton, Julia

From: Laurence Schauff <lfs081948@yahoo.com>
Sent: Monday, July 29, 2024 2:13 PM
To: Hamilton, Julia
Subject: Letter supporting RTM Protocol
Attachments: rtm Letter.docx

Please see attached letter.
Thank You
Larry Schauff

From: Laurence F. Schauff

29 July 2024

To: Julia Hamilton

Subject: Letter to Support funding for RTM Protocol for use in Montana's Veterans Courts

My Name is Laurence F. Schauff I am a Retired Officer with 37 years of service in the United States Air Force, and Air National Guard. I have also been a Mentor in the Missoula Veterans Treatment Court from 2011 to the present. In this period, I have Mentored 11 Mentee's, of which 8 have graduated from the program, 2 failed to progress, and one remains in the program.

Of the mentees 5 have had PTSD and/or TBI and have been treated for their condition. This treatment extends their time in Veterans court from six months to over a year. Many of these individuals continue to live with their conditions after treatment the dreams and nightmares continue.

Recently a graduate that I have remained in contact with informed me that he was assisting a friend by helping him drive to Texas to see his mother that had cancer. He informed me that at one point driving through what he called a desert he had a flashback and could not continue to drive.

I have also witnessed a mentee, that froze up during a Memorial Day Celebration, at the courthouse during the of the 21-gun salute.

I have researched the RTM Protocol and hope the commission can award the dollars necessary to train the clinicians to treat these diseases and injuries for all veterans in Montana as well as civilians with PTSD in our state.

Sincerely,

Laurence F. Schauff

1417 Creekside Drive

Stevensville, Mt. 59870

ifs081948@yahoo.com

813-245-0915

Hamilton, Julia

From: Laukes, Cindi <cindi.laukes@mso.umt.edu>
Sent: Monday, July 29, 2024 9:53 AM
To: Hamilton, Julia
Cc: Jon Hamblin
Subject: LOS for RTM Protocol Proposal--Jonathan Hamblin
Attachments: LOS for RTM Protocol Proposal--Jonathan Hamblin.pdf

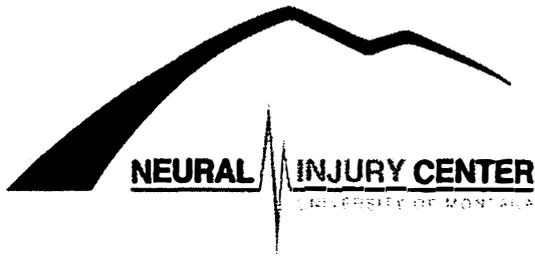
Good Morning, Julia,

Attached please find a letter of support for the above referenced project.

Thank you.

Cindi Laukes

Cindi Laukes, MA, MFA
Director and Chief Operating Officer, Neural Injury Center
University of Montana
Cindi.Laukes@mso.umt.edu
Phone: 406-243-4017
Fax: 406-243-6252



Cindi Laukes, MA, MFA
Director and Chief Operating Officer
Rm. 204 McGill
Missoula, Montana 59812-4680
Office (406) 243-4017
Fax (406)243-6252

July 29, 2024

Dear Proposal Reviewers:

I am writing in support of the proposal submitted by Jonathan Hamblin and the RTM protocol training group to provide training to licensed mental health practitioners in Montana to support our veterans.

The Neural Injury Center at the University of Montana was founded in 2014 with a primary mission of helping student veterans with neurological and psychological injuries returning to country. Over my ten years as COO and Director of the Center, I have worked hands-on with many injured and struggling veterans, as well as with many veteran service organizations in Missoula. Additionally, I have 15 years of experience in mental health research, and was the Principal Investigator on a study of a PTSD medication. I have been extensively trained in diagnosing and studying PTSD. Over the course of my time, I have sadly encountered veterans of all ages struggling to find services, or with very long waiting periods for access. In the population we see, most have suffered both brain injuries and some level of PTSD as well as moral injuries, suicidality, and depression.

Mental health services are profoundly needed across Montana for all populations, and in particular for our veterans facing unique and daunting challenges and limited resources. Suicides by veterans are far too many. There are known impactful overlaps across brain injury, PTSD and suicide. We are also aware that regional mental health practitioners often do not have specific training or experience with this population or how to approach or treat the significant wounds of war—TBI, PTSD, moral Injury, depression.

RTM is proposing to help address this problem by providing trainings to serve our veterans across our state. I fully support this effort and hope that you will seriously consider their proposal for funding. Our veterans deserve this help, and more.

Respectfully,

Cindi Laukes, MA, MFA
Director and COO, Neural Injury Center
406-243-4017

Neural Injury Center

Hamilton, Julia

From: Randy Block <blockr03@gmail.com>
Sent: Monday, July 29, 2024 5:19 PM
To: Hamilton, Julia
Subject: Missoula Veterans Court

To Whom It May Concern:

I am a Mentor for the Missoula Veterans Court.

I cannot stress enough the importance and seriousness of the treatment of our Veterans suffering from PTSD.

Many men and women like myself volunteer and donate our time and financial support for the their success.

I sincerely plead for monetary help for our Veterans Court treatment program.

Sincerely,

Randall Block

Hamilton, Julia

From: John Stolley <jrstolley@q.com>
Sent: Monday, July 29, 2024 5:40 PM
To: Hamilton, Julia
Subject: RTM Protocol

Please give serious consideration to the RTM Protocol for the treatment of PTSD.

This method offers a new approach to treatment which has been proven to be 90% effective without the use of drugs. Success can be realized in a matter of 3 to 5 ninety minute sessions. The problem of PTSD remains despite ongoing efforts using existing methods.

Thank you for your consideration.

John Stolley

Hamilton, Julia

From: Lawrence Anderson <larry63mt@gmail.com>
Sent: Monday, July 29, 2024 10:15 PM
To: Hamilton, Julia
Subject: Fwd: RTM protocol

Forward the email with the wrong email address.

----- Forwarded message -----

From: Lawrence Anderson <larry63mt@gmail.com>
Date: Mon, Jul 29, 2024, 11:54 AM
Subject: RTM protocol
To: <robin.hamilton@legmt.gov>, Larry Anderson <lindalarry915@gmail.com>

Commissioners, My name is Larry Anderson I am a Vietnam Combat Veteran. I am 100% disabled because of my exposure to agent orange when I was in-country.

I have been a mentor in the Missoula Veterans Court for 12 years and have been a mentor to 10 veterans. It is not easy for these service men and women to complete the 12 month treatment court on time. The big issue, in my opinion, is their constant struggle with PTSD. As they progress through the court and are allowed less time to report to the Court they are transitioning into civilian life. When things don't go well and their PTSD recurs they turn to self medication, ie drugs, alcohol and bad behavior. This is because the existing treatments for PTSD do not cure the PTSD emotions and triggers. The current PTSD such as drugs, group therapy and coping mechanisms do not work when they're in the middle of a melt down.

The beauty of the RTM Protocol is that it is drug free, emotions associated with the trauma can be eliminated in 3-5 ninety minute private sessions with a trained counselor. It is over 90% effective and remains effective indefinitely, according to follow up studies.

I have been talking about veterans, however, this therapy works for anyone suffering from PTSD civilians, first responders, EMTs and countless other folks dealing with trauma.

Montana is a "Frontier Medicine" State with over 500 trained therapists Montanans can get treatment for their traumatic issues and it opens the door for them to get effective treatment for sleep disorders, family counseling, job training and other issues that have kept them from living a full life, even in isolated communities throughout the State. La For less than 1% of the total funds allocated in this Bill we can begin saving lives and possibly reducing our horrible suicide rate immediately.

Please support this proposal. Montanans' lives depend on it.

Respectfully,

Larry Anderson

Advocate for the RTM Protocol.

406-239-7621

Hamilton, Julia

From: Richard Treakle <rvt@treakle.com>
Sent: Tuesday, July 30, 2024 1:15 AM
To: Hamilton, Julia
Subject: RTM protocol

Dear Ms. Hamilton,

I'm an Air Force veteran who served in Viet Nam during 1968-69.

Fortunately I don't have PTSD symptoms but I did have prostate cancer thanks to Agent Orange. I feel for my many military brothers who have severe mental health issues to this very day.

The RTM Protocol seems like a very cost effective program for treating PTSD and I think the \$3,000,000 CER Grant Proposal is a very worthwhile expenditure that should improve, and save, many lives.

Sincerely,

Richard Treakle

Hamilton, Julia

From: monteturner54@gmail.com
Sent: Tuesday, July 30, 2024 6:21 AM
To: Hamilton, Julia
Subject: PTSD Training

Hi Julia,

As a member of Ray Welch Post 13 in St. Regis, I am personally in favor of the training that is in front of Bob Keenan's Commission. We have vets in Mineral County that are not members who admit they are in pain, I'm told. I've heard it enough to believe it must be true. It's too expensive for our post to cover and even if we were to somehow join with Sanders County and their VFW posts I still don't think we could scrape up the money needed. I'd heard that Sanders County has the highest percentage of vets in the state and Mineral is 4th. Having this available should be a strong sign of support and it may even help with post recruitment.

Thank you for considering what is being proposed.

Monte Turner
28 Edgewater Lane
Superior, MT 59872
(406) 822-5915

Hamilton, Julia

From: Amber <amberclough@gmail.com>
Sent: Tuesday, July 30, 2024 12:26 PM
To: Hamilton, Julia
Subject: BHSFG Commission Feedback Re: PTSD Treatment Protocol

Dear Behavioral Health System for Future Generations Commission Members,

I am writing to urge you to support the proposal for funding for the implementation of the Reconsolidation of Traumatic Memories (RTM) Protocol for treating Montanans with PTSD. I work for Johns Hopkins University and my expertise is in implementing and evaluating community and clinic-based interventions for the prevention of and response to the devastating individual and societal consequences of domestic violence. Though most people associate PTSD with military service, what most people don't know is that survivors of domestic violence have the same average levels of PTSD as combat veterans. And just as combat veterans have elevated rates of suicide, domestic violence survivors are three times more likely to attempt suicide than those who have not experienced abuse from a partner. An alarming 37% of women and 34% of men in Montana have experienced physical, sexual or stalking abuse from an intimate partner, with devastating effects on survivors' mental health. Effective PTSD treatment saves lives, and in turn saves families and communities. The RTM Protocol has been evaluated with extremely promising outcomes in reducing PTSD. Importantly, it is also a cost-effective treatment option, as RTM consists of brief training for mental health practitioners, it utilizes existing established professionals rather than requiring additional infrastructure to deliver services. My family in Montana has been deeply impacted by domestic violence, PTSD, and suicide, and I have seen first hand the reverberating effects that last for generations. Thank you for considering providing this effective PTSD treatment protocol across Montana.

Amber Clough, MSW

Hamilton, Julia

From: Barry Naylor <naylorbw1@gmail.com>
Sent: Tuesday, July 30, 2024 12:37 PM
To: Hamilton, Julia; mantinij@gmail.com; Barry Naylor; Larry Anderson
Subject: RTM Protocol Funding Request

Julia,
The following is a letter endorsing the request for RTM Protocol funding from John Mantini (LT COL, Ret.)
Thank you
Barry Naylor

John C. Mantini (LT COL, Ret.)
2706 Paniolo Place
Missoula, MT 59808
July 30, 2024

Dear Mr. Carter:

I am writing in support of the request for a \$3 million grant to train counselors/therapists of Post Traumatic Stress (PTSD) in the Reconstructive Memory Treatment Protocol (RMTP). Currently, I am a volunteer mentor with the Missoula County Veterans' Treatment Court. My background includes tours as a Vietnam-era infantry platoon leader, a support platoon leader in the Ohio Army National Guard, and service as an Air Force Judge Advocate at all command levels. As a civilian attorney I was a state prosecutor in Florida, and engaged with numerous defendants and victims who were veterans and suffered from PTSD. I also spent a year in Iraq as a civilian volunteer, working with the military and State Department.

I can tell you from personal experience that veterans suffering from PTSD are in desperate need of a validated treatment regimen that will directly address symptoms, and prevent veteran suicides. The \$3 million grant request is justified considering the demonstrated success of the RMTP, and its potential to provide the highest rate of relief for PTSD sufferers. As noted in the grant request, the RMTP has a demonstrated success rate in reducing PTSD symptoms by 90%, as compared with the 65% success of current protocols used by the Veterans Administration. It is vitally important that we do everything we can to help those veterans who suffer from PTSD, and further validation of RMTP is well worth further investigation.

If you have any questions concerning my support of RMTP, please feel free to contact me at the above address, mantinij@gmail.com, or 443-977-7836.

Sincerely,

John C. Mantini, (LT COL, ret.)

Sent from my iPad
Show quoted text

Hamilton, Julia

From: Carol & Dale Stovall <mtskiing@montana.com>
Sent: Tuesday, July 30, 2024 6:11 PM
To: Hamilton, Julia
Subject: Letter of Support for RTM Protocol
Attachments: RTM Letter of Support - Stovall.pdf

Dear Ms. Hamilton,
Attached is my letter of strong support for the funding request for the RTM protocol to treat PTSD in Montana.

Thank you and the commission in advance for your consideration of this worthwhile proposal.

Dale Stovall, Brig Gen, USAF (Ret)

Dale E. Stovall, Brig General, USAF (Ret)
7440 Arroyo Ln
Missoula, MT 59808
406-396-9072 (cell)
mtskiing@montana.com

July 29, 2024

Dear Ms. Hamilton and the Members of the Commission:

I strongly endorse the request for \$3 million to fund training and treatment to make available the innovative Reconsolidation of Traumatic Memories (RTM) protocol. Veterans in Montana, with one of the highest number of veterans per capita in the U.S., along with non-veterans suffering from PTSD, deserve to have the opportunity to benefit from RTM.

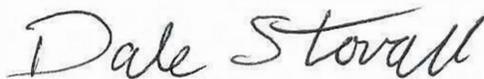
As an Air Force retired general officer who was in combat rescue and special operations, I have encountered servicemembers who suffered from PTSD. One of my crewmembers on my combat missions, an Air Force pararescueman, killed enemy troops who were shooting at our hovering helicopter during rescues. After the Vietnam War, he had PTSD from the trauma of taking the lives of many young men like him. No treatment plan seemed to work for him. Sadly, he committed suicide five years ago.

My friend's son, another Air Force pararescueman, was in a special operations unit that worked with SEAL Team Six when they were bombed by Russian aircraft in Syria. He and the Navy SEALs all suffer from PTSD since then. Because they were on active duty, they were concerned that if they accepted mental health treatment from the military that they would be discharged. A civilian philanthropist paid for them to receive MRI-based PTSD treatment. It helped, but most of them still have lingering PTSD episodes.

The RTM protocol, once available in Montana, will help both veterans and civilians manage PTSD symptoms and recover from trauma, and eventually will reduce Montana's high rate of suicide.

Thank you for your consideration of this important proposal.

Sincerely,



Dale Stovall, Brig Gen, USAF (Ret)

Hamilton, Julia

From: Mary Ann Albee <albeema111@gmail.com>
Sent: Tuesday, July 30, 2024 6:24 PM
To: Hamilton, Julia
Subject: Funding for RTM Protocol training

I write in support of the proposed \$3 million funding for the Reconsolidation of Traumatic Memories (RTM) Protocol as an alternative treatment for PTSD. Our damaged veterans deserve the benefit of new treatments as they become available. This funding would train therapists across Montana in the promising RTM method as they earnestly try to help our brave vets recover from their continuing nightmares. A 44-year-old member of my family is one such veteran. He fought with great valor and distinction and has been unable to work and to live a normal and productive life because of his PTSD. He has sought many sources of help, including Ketamine treatments, in his struggle toward recovery. We wish for him another possible avenue on his journey toward improved mental health.

Thank you for your earnest consideration of this support.

Mary Ann and Bob Albee
111 Rimrock Way
Missoula MT 59803

Hamilton, Julia

From: Gay Rushmer <grushmer1@gmail.com>
Sent: Tuesday, July 30, 2024 9:44 PM
To: Hamilton, Julia
Subject: RTM Protocol Funding

Dear Ms. Hamilton,

I am writing this email in support of the funding of \$3 million for the RTM Protocol as an alternate treatment for PTSD. The suicide rate in Montana is high. In fact, I heard just yesterday in the news how the calls to the suicide hotline have increased drastically! The trials show that this protocol reduces the suicide rate, and will be available not only to Veterans, but also to civilians. Training 500 qualified therapists to administer the RTM Protocol across the state would be indescribably beneficial. It is a tragedy that so many people suffer from this condition, and are so desperate they commit suicide.

PLEASE approve this funding. We will all benefit from it in various ways.

Thank you.

Gay Rushmer

Hamilton, Julia

From: DOUG HEYER <heydug@aol.com>
Sent: Wednesday, July 31, 2024 11:51 AM
To: Hamilton, Julia
Subject: Funding for RTM Protocol

Honorable Committee Members:

As a Mentor volunteer in the Missoula Veterans Court for five years, I have seen the real, daily life effects of PTSD on my fellow veterans. Their struggles can create severe barriers to complete reintegration into the community. They need help!

The RTM Protocol offers a proven method that could be very effective for many of our Mentees. But we need to have Counselors trained in this protocol.

I am requesting your significant financial support in the amount of three million dollars to be able to provide RTM Protocol training for qualified counselors across the state. I would note that this training could give those counselors another tool in their "toolbox" to help others who suffer from PTSD, thus helping even a larger portion of our Montana community. Thank you for your consideration in helping our veterans and our neighbors.

Sincerely,

Doug Heyer
Vet Court Mentor