

Testimony for SB 499

Submitted by the Mental Health Ombudsman on April 8, 2005

- Although SB 499 was introduced "late" in the session, it is an important bill that should not die.
- The original bill did two things: 1) Gave direction and responsibility for developing a mental health crisis response system; and 2) Clarified the role of the Service Area Authority (SAA).
- Many testified both for and against this bill at its first hearing in the Senate.
- Many people provided information and technical assistance to the Joint Subcommittee that studied this bill for more than a month.
- Now the House Human Services Committee will decide whether this bill will be tabled or go forward. Please consider setting policy on both of the bill's original purposes.
- Current statute is inaccurate as it describes SAAs. SAAs have become an important vehicle for consumers, family members and providers to be heard. I defer to the language presented to you by others on this issue.
- Montana does not have a mental health crisis response system. Some parts of the state have more resources and commitment to the process necessary to develop a system. In other parts of the state, each mental health crisis is a new problem to respond to.
- Montanans with psychiatric illnesses deserve a systemic response with some basic crisis services available in all and any part of the state.
- What we have now is a collection of services- and some are available to anyone with a mental health crisis. Those are:
 - 24-hour phone response provided by the community mental health centers
 - Law enforcement response, including transportation and jail if needed
 - The emergency room of a hospital
 - Montana state hospital
- Why should state law mandate a planning effort? Because previous voluntary initiative have not produced these plans, and because I know of two examples where the mandate to plan has resulted in a plan>
 1. In 1991 HB 103 required counties to plan for alternatives to jail when a person had a serious mental illness and was in need of commitment.
 2. In 2001 Senator Waterman sponsored a bill requiring interagency planning for high cost children; today we have a children's system of care grant, an Medicaid waiver proposal for SED children, and state/local planning bodies