

witness testimony  
additional exhibit

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My name is Mignon Waterman and, although I chair the Montana Mental Health Oversight Advisory Council, I am here today as an individual citizen. I will however base many of my remarks on two sets of recommendations that the council made to Director Miles and the Legislative Finance Committee in our statutory role to advise and advocate for individuals with mental illnesses. One set of recommendations concerns services for persons with mental illnesses who are within the corrections system, and I believe Deb Matteucci has gotten, or will be getting, a copy of those to you. The other recommendations concern crisis services.

I believe the council's recommendations, many of which are included in the Governor's budget requests move us a long way towards your goals of more early intervention, expanded community services and reduced institutional care.

As it pertains to services for offenders and forensic patients with severe mental illnesses, although you have raised valid concerns about why so many offenders with mental illness end up in prison or at MSH and how we plan to effectively reintegrate offenders into our communities, I hope you will also recognize that these folks need treatment now, in a secure treatment facility. I believe both staff and patients who are civil commitments are at great risk at the present time and the state faces a serious liability.

The staff at MSH does an excellent job of treating patients and preparing them to return to their communities. Unfortunately, some patients have burned a lot of bridges and providers are not eager to serve them and communities are not interested in having them return. For forensic patients, even if staff finds them ready for release, judges, parole boards and community resistance often force them to stay in an institution. For others, they will serve long sentences for serious crimes. The bottom line is: they all need mental health treatment.

I urge you to continue the Behavioral Health Facilitator position that Ms Mateucci occupies because she serves as the catalyst for improved services for offenders with mental illnesses. It is refreshing to see two departments work this closely and I hope you will support their efforts.

In the area of community crisis services, we need to continue to integrate mental health and addiction services. (Just an aside as a wine consumer – feel free to increase the tax I pay on alcohol, wine and beer. I believe that user fees should cover the full cost of the treatment programs.)

In that area however, I believe the different eligibility levels for the programs (150% for mental health services and 200% for chemical dependency treatment) create barriers to early intervention.

It is clear that there are many uninsured Montanans in need of mental health services and, if we want to reduce crisis and inpatient services, we need to more adequately fund programs like the MHSP that help to stabilize individuals in the community. But I also

want to point out that 96% of mental health services are now provided in our communities! We may need to do more, but lets not forget what we are doing.

We have moved from a paternalistic mental health system that "took care of people" to a recovery based system and that is good. Because, just like the rest of us, a group of consumers summed up their goals with this T Shirt: A Job, A Place to Live, and a Date on Saturday Night. I urge you to fund the 10 half-time positions in the AMDD budget because I believe that will provide a great opportunity for consumers to work as peer support specialists, helping clients reintegrate back into their communities and to remain stable in their home. On page 4 of 5 under AMDD – Mental Health Other Services in the blue pages you received yesterday, are a series of Community Services Development proposals and I urge you to fund that entire proposal which includes 72 eligibility, telemedicine, community liaisons, peer support specialist training, and workforce retention.

I support the 72 hour presumptive eligibility funding, although I do believe staff raise a valid question about no eligibility limits. Although I think that best meets the needs of consumers, I am not aware of another program in this department that doesn't set an eligibility limit. I know the telephone services for the deaf didn't have a limit but I believe the legislature established one – a high one – but a limit none the less. Also, does this eligibility apply to both adults and children?

Also, communities need the ability to create facilities that meet their needs and are financially sustainable in their community. I think it is critical that licensure rules and funding allow secure beds and non-secure crisis services to be delivered in the same local facility.

Recruitment and retention of mental health workers at all levels is critical and I urge you to support proposals to improve the situation.

I support the telemedicine proposal to provide mental health expertise to doctors and hospitals across the state. Many other states utilize these programs very successfully.

This department and this division, under the leadership of the team you see here today, has brought mental health services in Montana further in just the last couple years than I have seen in more than a decade. They have done that because you, and this administration, have recognized that mental and addictive service needs drive many of the other programs you will consider in the coming weeks. I think it is fitting that adult and children's mental health are within the first two budgets you consider.

Thank you for your interest and support.

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