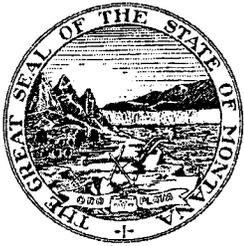


DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
ADDICTIVE & MENTAL DISORDERS DIVISION

EXHIBIT 7
DATE 1-16-07
HB 2



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January 12, 2007

Representative Edith Clark, Chair
Joint Appropriations Subcommittee for Health and Human Services
State Capitol
Helena, MT 59601

Madam Chair and Members,

After listening to the wonderful testimony and comments made on Wednesday from individuals interested in mental health issues, it seemed that many individuals are not aware of what the department has proposed to enhance community services directed at addressing crisis.

Many individuals urged the subcommittee passionately to "help build crisis beds in communities." The department is in total agreement. Included in our budget are requests that would add an average of almost 20 additional crisis beds per day. In SFY 2006, a daily average of 18 beds were utilized. The current requests will more than double the number of available crisis beds.

- The 72-Hour Community Crisis Support request (DP33407) seeks funding to add 2700 annual community-based bed days to the current array of community crisis services (a daily average of more than 7 beds). The funding for these services is available for non-Medicaid eligible individuals.
- The caseload request (DP33402) asks to add approximately 700 additional Medicaid bed days for inpatient hospitalization (a daily average of about 2 beds). In SFY 2006, Addictive and Mental Disorders Division purchased approximately 1250 bed days, or averaged slightly less than 3.5 beds per day.
- The caseload request (DP33402) also includes funds to increase the number of non-secure crisis stabilization facility beds for Medicaid eligible individuals by more than 3600 bed days (or an average of approximately 10 beds per day). In SFY 2006, about 3500 bed days were purchased for Medicaid eligible individuals and 1925 were estimated for MHSP eligible individuals. The 2009 Biennium request would increase funding available for crisis stabilization beds by 67%.

It is the department's belief that the addition of the 20 beds per day will assist greatly in enabling communities to address the needs of individuals in psychiatric crisis. We fully

understand that having the funds available is only part of the change necessary to successfully meet the needs of individuals in crisis. We also need partners willing to work together to meet the crisis challenge. We intend to aggressively pursue the development of these community partnerships. Community hospitals and mental health providers are at the center of turning the available funding into services that address psychiatric crises and successful outcomes.

Thank you.

Sincerely,



Joyce De Cunzo, Administrator
Addictive and Mental Disorders Division

cc: Joan Miles
John Chappuis
Lois Steinbeck
Pat Sullivan
Bob Andersen