EXHIBIT 5
DATE 1-18-07
HB 2

MENTAL HEALTH OVERSIGHT ADVISORY COUNCIL

MISSION: PARTNERS IN PLANNING FOR A RECOVERY-BASED MENTAL HEALTH SYSTEM THROUGHOUT MONTANA

Mignon Waterman,
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November 17, 2006

Joan Miles, Director
Department of Public Health & Human Services
111 Sanders
Helena MT 59601

Re: Crisis Response Task Force Recommendations

Dear Ms. Miles:

We, the members of the Mental Health Oversight Advisory Council have been examining the issues around crisis response at the state and local level. Crisis response is one of the council's top three priorities and the Crisis Response Task Force and we would like to share with you what we have identified as the needs and challenges surrounding the development of an effective crisis response system. As you can imagine, the issues are complex and the solutions not simple. Although Montana reflects national trends, we recognize it has some unique challenges that include a limited tax base and a sparse population scattered over a vast geographic area. Regardless of the challenges faced by Montana, we must take ownership in the development of a system that reflects the vision outlined in the final report from The President's New Freedom Commission Report on Mental Health.

Likewise, it is our focus to develop a product based on SAMHSA principles. We visualize all Montanans having an opportunity for a fulfilling life that includes jobs, homes, an education and meaningful relationships. Most important to our specific mission is to encompass mental health and substance use programs, policies, and resource allocation. Our goal is to implement changes that will evolve our current fragmented system into one based on building resilience and facilitating recovery. An effective crisis response system at the local level is the first step in attaining SAMHSA's vision of "a life in the community for everyone". Our vision is that there will be "no wrong door" for any Montanan with a mental health and/or substance use crisis seeking care in their own community.

Challenges:

- Montana has the second highest per capita suicide rate in the country.
- Over 50% of the adult population presenting in crisis are uninsured or underinsured.
- Over 50% of the patients with mental health diagnosis also have a primary alcohol and/or drug disorder. (Co-occurring Disorders)
- Over 50% of the patients presenting in crisis are new to the public mental health system.
- The number of patients presenting in crisis is increasing exponentially and the acuity of the patients is also increasing.
- AMDD has made excellent progress and should be applauded for their work on co-occurring initiatives. However, we continue to struggle with the parallel systems of treatment and payment.
- Because lower cost community services are unavailable to many persons with mental illness there is increasing access to more costly care at the Montana State Hospital and other acute inpatient facilities.
- Increasingly, first responders without adequate training are called to intervene on individuals with mental health and co-occurring disorders.
- There is a lack of available and adequately trained professionals on all levels.

In order to reduce the use of inappropriate and expensive inpatient services and most importantly decrease suicides and personal injury, the crisis response system must expand crisis services at the local level. Regardless of time or place, individuals and families need the following core elements of a crisis service system accessible in their communities:

1. First responders skilled at crisis intervention
2. A medical community with an standard of care for addressing the needs of individuals with apparent mental illness and co-occurring disorders presenting in crisis.
3. Due process with knowledgeable and timely legal representation for individuals with mental illness and co-occurring disorders that may be facing involuntary commitment or who may be charged with a crime.
4. A safe, secure place to stabilize individuals in crisis, regardless of a person's ability to pay, which is staffed by trained professionals.

Recommendations:
Addictive and Mental Disorders Division

- The council applauds the outstanding efforts of AMDD to implement a co-occurring treatment system. The council recommends that a focused task

force be implemented to address the legal barriers to a fully integrated system that includes combined funding and resource allocation.

- The council applauds AMDD and the Department of Corrections on their growing partnership and the hiring of a Behavioral Health Coordinator.
- Distinctive financing and regulatory environments create challenges to unified approaches to the delivery of services. We recommend the assignment of legal expertise to identify and assist in the removal of Rules and Laws that create barriers at the local level. For example, a person at 200% of poverty can qualify for addiction treatment, and a person at 150% of poverty can get mental health treatment. This leaves a gap in the access for co-occurring treatment.
- The council recommends that AMDD and the Children's Mental Health Bureau coordinate all efforts toward Crisis Response to ensure that adults and children are getting equal attention and support in creating a seamless system of care. The Children's System of Care, Service Area Authorities, KMA's and LAC's need a formalized expectation of coordination.
- The council recommends that AMDD partner with local communities to fund identified comprehensive crisis services, including 72-hour presumptive eligibility for crisis care.
- The council applauds AMDD for the development and approval of Administrative Rules that license Crisis Facilities and the distribution of grant funding for start up of crisis response initiatives at the local level.
- The council recommends a systematic statewide approach to recruitment and retention of all levels of mental health care providers to Montana. This systematic approach should include partnering with private providers to address reimbursement rates, signing bonuses, moving costs, academic opportunities, load repayment plans, and other incentives to aid in recruitment and retention efforts. Currently, it is impossible for Mental Health Providers to compete with the State salaries and benefits when hiring professionals with comparable qualifications.
- Support the findings of the WICHE Prevalence Study.
- Financial and operational support in continued development of comprehensive statewide network of telemedicine.
- Regional Crisis Response Facilities, Behavioral Health Inpatient Facilities, Crisis Facilities, and detoxification services are critical components to preventing increased admissions to the state hospital and psychiatric units. The council recommends setting a timeline for a serious proposal that identifies what it will take to accomplish this goal financially, clinically and logistically.

Local Advisory Councils, Service Area Authorities, Kids Management Authority, Systems of Care

- The council recommends that continued support and development of the above named to be the driving force behind designing and implementing crisis response systems for adults and children. Adequate financial

support for critical travel, networking, and creation of safe and effective crisis response systems at the local level is essential.

- The council recommends that the above named must establish their roles in education and empowerment in such a way that legitimizes their role as the driving forces at the state and local level in the mental health system.

Hospitals

- The council recommends that hospitals be required to formally identify their plan to assist their communities in managing crisis situations through formal collaborations and partnerships.
- The council recommends that all hospitals with emergency departments be required to submit a formal plan for stabilizing and referring mental health and co-occurring crisis including Emergency Detention situations. This plan must illustrate collaboration with other health care providers and law enforcement that supports maintaining individuals in crisis at the local level.

First Responders/Ambulance/Fire Department
Sheriff's and Peace Officers Association
Montana Association of Counties
County Jail Administrators
Attorney General's Office
County Attorneys
Public Defenders

- The council recommends the development of a written template to guide county attorneys, law enforcement, and mental health and healthcare providers through the Emergency Hold and Commitment Process. This template should include step-by-step instruction and explanation of the current Montana Code Annotated. As written, the Code is subject to interpretation that often leads to inconsistent application based on the unique features and personalities of the local system. The variation contributes to barriers to treatment for those in crisis, including stigmatization, criminalization and unnecessary hospitalizations. The council recommends that local communities be empowered to take ownership and responsibility for the individuals that present in crisis. Successful intervention begins with powerful and mandatory education of law enforcement, county attorneys, and first responders on the nature of mental health and substance abuse conditions and their prescribed role in response.
- The council recommends that the CIT model be implemented statewide. The State needs to partner with county/city to financially support such an initiative. Only through de-stigmatization and increased awareness can we start to develop ownership in a comprehensive response system.
- The council recommends that a specialized task force be assigned to systematically evolve the Commitment Laws to current knowledge base and best practices. This task force should include representation from county attorneys, law enforcement, NAMI, Mental Health Association, MHOAC, SAA's, Montana Advocacy Program, and consumers, Mental

Health Professionals, etc. A clear and aggressive time line, accountability standard and dedicated legal oversight should also be included in the expectations.

- The council recommends that counties implement policy surrounding adequate standards of care for individuals with mental illness and co-occurring disorders incarcerated in county jails.
- The council recommends that counties, local government and service providers submit a formal plan for crisis response in their communities to AMDD and the SAA's by the end of this fiscal year ending June 30, 2007. This plan must include how persons in crisis who need a secure setting will be cared for at the local level. The state and county will identify a means to support this plan both financially and logistically. Once a local plan has been formalized and implemented, accountability for the plan, including Emergency Detentions, should reside at the local level of care.

Data Collection

- The council recommends that a statewide system for data collection be implemented that collects data on all individuals presenting for crisis services including the uninsured and underinsured.
- The council recommends that the PATHWAYS Program be evaluated for implementation statewide and funding is made available for providers for implementation. This program has been highly recommended and is currently implemented in some community healthcare organizations.
- The council recommends that a legal resource be made available to work providers through Healthcare Information Privacy issues.

Prevention

- The council recommends that Suicide Prevention and Crisis Prevention become priority initiatives in every community. We must adopt a No Wrong Door Policy with immediate accessibility.
- The council recommends that resources be made available for communities to develop at least on identifiable no-wrong door access to care point.
- The council recommends that funding be provided for the 211 statewide system for comprehensive phone access to support for individuals who may be suicidal or in crisis.

Respectful and compassionate crisis intervention should be the rule, not the exception for everyone.

We are ready and willing to assist this effort .

Sincerely,