SENATE FINANCE & CLAIMS 16

Exhibit No. 17

Date 3-30-07

Bill No. HB 520

Service Area Authorities 2007 Legislative Priorities

The Central, Eastern, and Western Service Area Authorities identify the following critical mental health funding needs and issues for the 2007 Legislative Session.

- Fully funding the Mental Health Services Plan (MHSP) equal to the number of services, types of services, and reimbursement rates offered by Medicaid. Persons with Severe Disabling Mental Illness (SDMI) living at 151-200 percent of federal poverty level should be allowed to access this service on a sliding fee basis.

- Funding for 72-hour presumptive eligibility (72 PE) for crisis services, statewide.

- Funding for community mental health crisis response services to include Mental Health Professional Crisis Response Teams; community inpatient resources such as Behavioral Health Inpatient Facilities; jail diversion programs for mentally ill offenders, and mental health advocates including Peer Specialists to support mentally ill persons during both civil and forensic commitments.

The Service Area Authorities believe that persons with severe mental illness are best served in the community so that mental illness/addiction is identified early and treated quickly. Community services are more cost-effective than higher levels of care outside of the community. People, who are in crisis because they are unable to get community services, often go to the Montana State Hospital (MSH) because it is the only place available for care. The Governor's budget funds growth at the MSH, but does not adequately fund community services to over 5,000 Montanans with severe and disabling mental illness (SDMI) living at less than 150 percent of the federal poverty level enrolled in the Mental Health Service Plan (MHSP).

These priorities fund community-based services that are unfunded or dangerously under-funded. In 2003, MHSP funding levels kept the Montana State Hospital (MSH) population at a reduced level. Now MHSP is funded at less than 50% of the 2003 level and the MSH operates above design and licensed capacity and, community crisis interventions are increasing. Because persons with severe mental illness remain untreated or underserved, funding for more expensive treatment continues to increase, and the Montana suicide rate is second in the nation.

Service Area Authorities gratefully acknowledge increased funding for community services in the Governor's budget; however, the funding does not well serve the very vulnerable MHSP population, nor does it provide for the services necessary to reduce the census at the Montana State Hospital.

The following organizations have written to DPHHS and/or the Governor's Office supporting the Service Area Authorities Critical Mental Health Funding Needs and Issues: • Sheriff's and Peace Officers' Association • Montana County Attorney's Association • Eighteenth Judicial District Court • Mental Health Oversight Advisory Council • Montana Association of Counties • Montana Mental Health Association • National Alliance On Mental Illness • Mental Health Local Advisory Councils

The Service Area Authorities urges the Montana Legislature to join them and these other organizations in support of improved community mental health services.