

western montana
MENTAL HEALTH CENTER

Regional Administrative Offices
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EXHIBIT 5
DATE 1/21/2011
HB _____

Chairman Roberts, Sen. Lewis and members of the Committee, my name is John Lynn and I serve as the Deputy Director of Western Montana Mental Health Center (WMMHC) in Missoula, where I have worked as a mental health professional for the past 30 years. WMMHC is a private non-profit corporation, and is the largest MHC in the state, with 741 employees, offices in 23 communities in the 15 counties of Western and Southwestern Montana, and an annual payroll of over \$20M.

Recent events such as those in Arizona are forcing many states to reevaluate how they provide mental health care in the community. The Montana State Legislature should be praised for its thoughtful community based solutions to the problem of emergency crisis stabilization for mentally ill individuals who are a danger to themselves or others. You have grappled with this problem and deserve our thanks for your previous work, especially that of the 2009 Legislative session, acting on the recommendations of the 2007 Law and Justice Interim Committee and now the 2009 Law and Justice and the Children, Families, Health and Human Services Interim Committees. But all their good work stands to vanish if you remove the funding for community crisis services.

Recognizing that many mentally ill individuals were clogging up jails and not receiving the treatment they needed, the 2007 Montana Legislature, through Joint House Resolution 26, referred to the Law & Justice Interim Committee the task of studying the diversion of mentally ill individuals from the justice system to appropriate treatment in the community. Following their study, the Law & Justice Interim Committee had these interesting findings:

- "WHEREAS, after 14 months of testimony and examination of data and information from all stakeholders, the Law and Justice Interim Committee identified crisis intervention and jail diversion to be the most critical need and the most effective way to divert mentally ill individuals from the criminal justice system;
- WHEREAS, 63% of admissions to the Montana State Hospital, whose daily census routinely exceeds its licensed capacity of 189, are for emergency and court-ordered detention and evaluation; and
- WHEREAS, 38% of emergency and court-ordered admissions to the Montana State Hospital do not result in commitments;
- WHEREAS, the lack of local crisis intervention and jail diversion alternatives means counties must rely on the Montana State Hospital for emergency and court-ordered detention and evaluation, which increases county costs, strains the Montana State Hospital, and diverts resources from community-based services;
- WHEREAS, sections 53-21-138 and 53-21-139, MCA, originally enacted by the 1991 Legislature, provide a solid statutory framework for diversion of mentally ill adults from the justice system but do not provide state funding;
- WHEREAS, state matching funds granted to counties based on certain criteria, including the commitment of county and other local funds, is an appropriate way to share costs and provide incentives for local resources to be spent on community-based treatment capacity rather than on jail capacity or on transportation to and capacity in the Montana State Hospital; and
- WHEREAS, crisis intervention team training and collaboration between local law enforcement officers, mental health professionals, and private corporations can offer creative solutions that should be encouraged and sustained;
- WHEREAS, some mental health facilities may be able to provide inpatient psychiatric services at lower cost by providing services in a nonhospital mental health facility or through a telepsychiatry linkage with a psychiatric unit at a community hospital or with the Montana State Hospital; and
- WHEREAS, by contracting with private providers for dedicated local or regional psychiatric treatment beds at rates that would help subsidize county funding and reduce the risks to private providers, the state can become a partner in fostering creative local solutions that reduce emergency admissions to the Montana State Hospital."

Based on these findings, the Law and Justice Interim Committee recommended a package of bills for action in the 2009 Legislature. Two of these bills, HB 130 (An act providing for state matching funds to be granted to counties for crisis intervention, jail diversion, involuntary precommitment, and short-term inpatient treatment costs for the mentally ill) and HB131 (An act requiring the Department of Public Health and Human Services to contract for crisis beds and emergency and court-ordered detention beds for the mentally ill) were carried by Rep. Ron Stoker (R. Darby) and passed with overwhelming bi-partisan support. These bills established a partnership between the counties, the State and the local Mental Health Center, allowing for funding applications for general fund match and encouraging county's efforts to create local community crisis programs and other approaches to treat mentally ill individuals in the community without the need to uproot the patient from family and social supports and without the need for Sheriff's Departments to pay overtime to drive repeatedly across the state between the home community and Warm Springs. The August 13th letter from the 61st Legislative session's Law and Justice Interim Committee and the Children, Families, Health and Human Services Interim Committee speaks eloquently of the work that has been done and the need for adequate funding to continue this initiative through the full funding of these bills.

Already operating four voluntary crisis residential facilities, Western Montana Mental Health Center jumped at the chance to develop Community Crisis Centers that could accept involuntary emergency detention clients. We set to work to build emergency detention facilities in Butte, Bozeman and Hamilton, with plans for such a facility in Polson. Through HB 130 & 131 funding, the State partnered with the counties to purchase one bed-day for every night the Emergency Detention facility would be otherwise empty. This agreement allowed for the counties and WMMHC to take the risk to build such facilities and staff them with physicians, nurses and Mental Health Professionals, recognizing that the demand for such beds will wax and wane in a manner outside of anyone's control.

Please understand that, other than law enforcement, WMMHC represents whatever thin safety net exists in those cases where a mentally ill individual requires emergency detention anywhere in the 15 counties of Western and Southwestern Montana. WMMHC has four dedicated crisis teams that are comprised of seasoned and respected clinicians, all state certified Mental Health Professional Persons who know the law, know the ER doctors and are known by the County Attorney's office. The State District Court Judges rely almost exclusively on the findings and testimony of these Mental Health Professional Persons, who provide the assessments, recommendations and court testimony when called upon for assistance by the County Attorney, emergency room physician, police officer or family member.

WMMHC has taken to heart the direction provided in HB 130 & HB 131, though these shifts in public policy take time to become established and to demonstrate the significant savings that will be generated in the budgets of many Sheriff's Departments, County commitment costs and ultimately savings to the state hospital as well. WMMHC, in partnership with the State of Montana, Marcus Daly Hospital and Ravalli County, plans to open its third emergency detention unit in Hamilton on March 1st (see picture attached). The viability of these state-of-the-art crisis facilities depends, in no small part, on the action of Montana's 62nd Legislature in continuing the plan to treat mentally ill individuals in their local community, which was laid out twice by the Law & Justice Interim Committee of the 60th and 61st legislative session, and the thoughtful deliberations of the 61st legislative session in granting wide bi-partisan support to this direction by supporting these bills. As I understand the budget you are now considering, these crisis dollars will not be available as of 6-30-2011. The partnership ends, as do any future plans to design and fund a more rational community mental health system. We respectfully ask that this committee recommend holding the course on these initiatives and grant adequate funding to AMDD to continue its efforts in supporting local emergency care for the mentally ill in the community. Please reconsider the cuts to these critical crisis programs.

**Part III
Appendix B**

**Letter Urging That Executive Budget Include
Funding for HB 130, HB 131, and HB 132 From 2009
Session**



Law and Justice Interim Committee

61st Montana Legislature

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August 13, 2010

Governor Brian Schweitzer
PO Box 200801
State Capitol, Room 204
Helena, MT 59620-0801

Dear Governor Schweitzer,

The Law and Justice and Children, Families, Health and Human Services Interim Committees would like to thank you and the Department of Public Health and Human Services (DPHHS) for the work that has been done to implement HB 130, HB 131, and HB 132 from the 2009 Legislative Session. These bills establish community mental health crisis intervention services and secure treatment beds to divert mentally ill individuals from emergency detention in jail or at the Montana State Hospital.

We applaud the many counties that have stepped up to partner with local mental health providers through the provisions contained in these bills. Such efforts demonstrate a strong commitment to develop innovative community-based solutions. We also appreciate DPHHS's efforts under difficult circumstances to work with and assist these local collaborations to succeed in developing and implementing their strategic plans.

Much is at stake for our communities struggling to cope with increasing precommitment costs for emergency room detention, jail detention, and transportation to the Montana State Hospital. We know that the public and mentally ill individuals are best served if stabilization can be achieved where individuals may be supported by friends and family rather than by becoming wards of the county or state. The efforts made by our communities to achieve this vision should be recognized and the state's commitment to support them should be honored in the 2013 biennium budget.

Our two committees strongly urge you to include in your executive budget proposal for the 2013 biennium full funding for HB 130, HB 131, and HB 132 (at least the \$2.98 million appropriated by the 2009 Legislature prior to the executive spending cuts) so that these state and local efforts can continue to move forward.

We know that many difficult budget decisions must be made this coming Session. However, we

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We know that many difficult budget decisions must be made this coming Session. However, we remain staunchly committed to funding for HB 130, HB 131, and HB 132 and look forward to opportunities to evaluate the measurable outcomes.

These crisis services are making a real difference in real people's lives. Adequate funding now is an essential investment in the future fiscal health of the state and the counties.

On behalf of our two committees, thank you for your service to the people of Montana. We look forward to working with you and with our legislative colleagues on both sides of the isle to ensure that funding for mental health crisis intervention and stabilization services is a top priority.

Sincerely,



Representative Shannon Augare
Presiding Officer, Law and Justice Interim Committee



Representative Diane Sands
Presiding Officer, Children, Families, Health and Human Services Interim Committee

cc Budget Director David Ewer
Director Anna Whiting Sorrell, DPHHS
Legislative Finance Committee Members
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