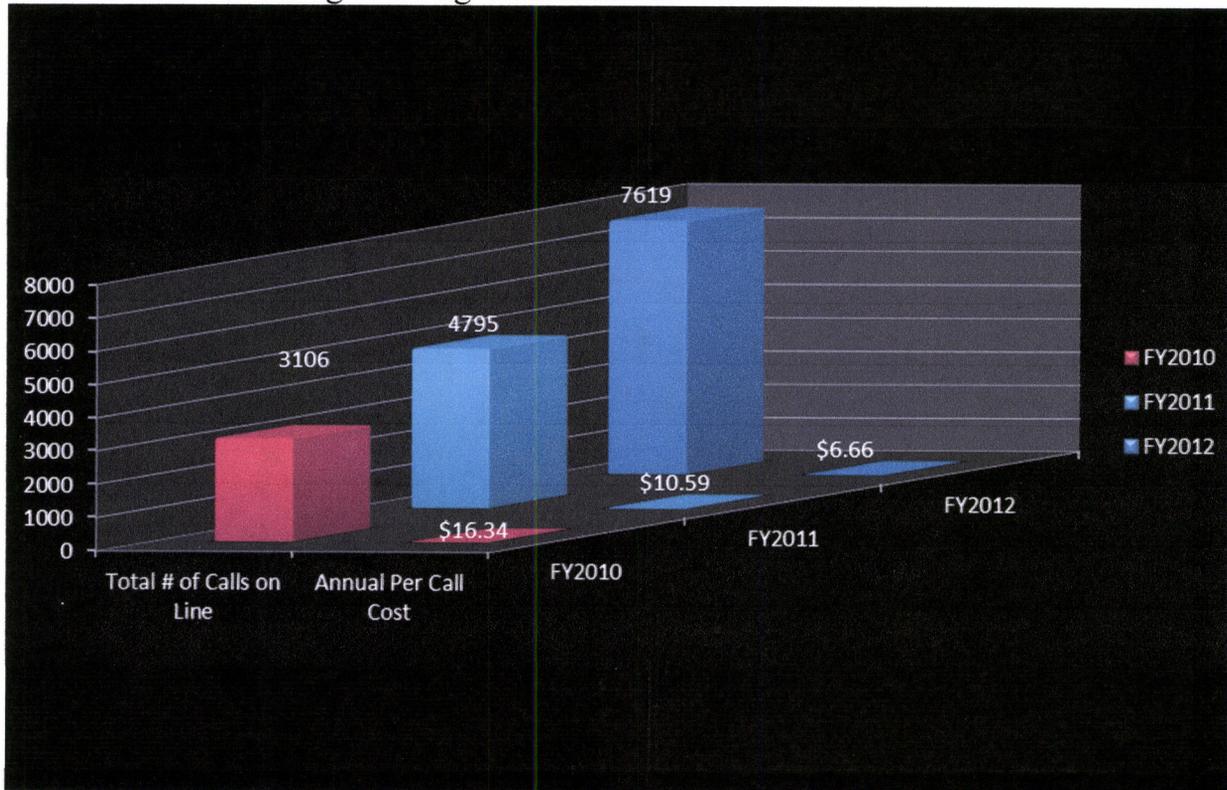


Chairman Ehli and Health & Human Services Committee Members

Thank you for your public service and willingness to take testimony on this important legislation. My name is Dan Aune, Executive Director of Mental Health America of Montana (MHA of MT). MHA of MT is a 65 year old MT mental health advocacy and education non-profit organization. We represent six affiliate chapters in MT and are an affiliate to the Mental Health America National. I represent our Board of Directors, Affiliate Chapters, and members in offering this testimony.

MHA of MT has been a recipient of AMDD "recovery grant" funding to provide a Virtual Drop-in Center. This essentially means we use telephonic and internet based approaches to connect mental health consumers to each other and recovery-oriented support resources. Most prominent in our Virtual Drop-in Center is the Montana Warm Line. The Warm Line is a telephonic service staffed with mental health consumers in recovery who have gone through training and regular supervision. The Warm Line acts to support consumers and assist them in their recovery efforts, thus minimizing mental health crisis, suicide, and use of intensive services. The Warm Line is open from 4:00 p.m. – 10:00 p.m. Monday thru Friday and 10:00 a.m. – 10:00 p.m. Saturday and Sunday (54 hours per week). The following graph represents the activity since 2010. You'll note increased reach (# of calls) with the same amount of funding resulting in more services for less cost.



I offer this service as an example of how recovery-oriented services provided by mental health peers acts to support and assist other consumers in their recovery. We ask that you continue to support AMDD to partner to develop Peer Support recovery services. Peer supporters are an essential component of the delivery system who have demonstrated a capacity to engage other peers in recovery services, prevent suicides, and work with the behavioral health and healthcare delivery providers.

The following are critical items in the AMDD budget in which MHA of MT urges your support:

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- The AMDD budget is basically the same budget from the last two years. Service demands have increase yet the budget remains the same.
- AMDD offers two waivers. The first one is the SDMI Home and Community Based Waiver – These individuals are persons with Severe Disabling Mental Illness and meet nursing home level of care. There are 198 slots in Billings, Helena, Butte, Great Falls and Missoula. Studies have shown, which I am sure you are aware, persons with mental illness die 20 years earlier than the average population. I believe this waiver is essential to ensure people receive those services to stay in their community and receive primary care. The case management team consists of a nurse and social worker which is great model of integration of behavioral health and primary care. The Second Waiver is the MHSP Waiver which is 800 slots for persons with schizophrenia and bipolar who receive basic Medicaid.
- We Support Goal 189 which essentially provides up to 90-days housing payments for individuals discharged from Montana State Hospital. (This program is underutilized by providers but serves to bridge the transition back to the person's home community)
- HB 130 (the crisis services planning bill passed from 2011 Legislative session) and HB 131 (the crisis beds bill passed from 2011 Legislative session) have given communities an opportunity to take build crisis bed resources. We need to adequately fund these and increased funding in the AMDD budget would increase community-based solutions for mental health crisis.
- 72 Hour Presumptive Eligibility continues to be successful in the communities that have been able to support Crisis Stabilization settings. Again we need adequate and increased funding to support this critical service.
- Recovery funding has assisted in establishing mental health drop-in centers (DICs) and Peer Services. This funding was a good start but needs to be greatly enhanced with communities asking for more DICs to be developed. Peer Support services are critical to our mental health delivery system. Remember – “there is a peer supporter” in every community across Montana. Passage of Senate Bill 10 – licensure of Peer Support Specialists and expansion of Peer services will fill holes in the delivery system, put Peers to work, and greatly enhance our delivery system.
- Flexible funds for AMDD to direct to “community driven” mental health needs. The department does not have adequate funding to work with specific communities who know their needs and want to develop a community-based solution. This flexible funding will benefit underserved and underdeveloped communities reaching far out into the communities across Montana.

Thank you again for your attention and interest in the stories and priorities offered this morning.

Respectfully,



Dan M. Aune

Executive Director

Mental Health America of Montana

To: Representative Ron Ehli, Chair and Committee Members
Joint Appropriations Subcommittee on Health and Human Services
2013 Montana Legislature

From: Aart Dolman, Great Falls, MT  email: aartdolman6@gmail.com.

Date: February 1, 2013

Re: Medicaid fragmentation and its impact on community Mental Health Centers

Dear Representative Ehli and Committee Members:

As an Advocate for Mental Health, I strongly support flexible funds be directed to AMDD for "community driven" mental health needs. The department does not have adequate funding to work with specific community projects. Citizens know their needs and should be given the opportunity to develop community-based solutions in regard to mental health issues.

I speak as a citizen and I am also a Board Member of the Great Falls Center for Mental Health Foundation. Our Board members raise funds for the needs of our community mental health center. We work also with a variety of citizens from different walks of life and with those recovering from mental health issues on many community projects such as the recent homeless issue in our community.

One of our many successful community projects was the creation of the Peer Support Wellness Program. The idea behind this project is that recovering mental health consumers assist those who are in crisis at the most basic levels. This assistance ranges from completing the tedious Social Security application process, family support, or helping veterans at the personal level with Post-Traumatic Stress Disorder. In short this is a recovery based program in which peers assist those who are seeking assistance in cooperation with our professional staff.

I was pleased eight years ago when Governor Schweitzer and City of Great Falls Mayor Donna Stebbins opened our Peer Wellness Center in the downtown area of our city. Several mental health consumers, foundation board members, our Center for Mental Health staff, the DPHHS, and members of the Legislature had worked hard to make the idea of Peer Support a reality in our community and in central Montana's Region II.

At the personal level, I am pleased to see that the Wellness Center is basically run by those who are recovering from mental illness. They learn through this process to become contributing and productive tax paying citizens. Some are involved in community leadership positions in a variety of community and professional organizations. Together they show others that mental illness does not prevent one from becoming a functional and productive citizen.

With the coming of the ACA and increased Medicaid enrollees, the Legislature has the unique opportunity to adequately fund a variety of community based programs. In many cases, mental health illness is a basic ingredient in a wide range of community issues and problems.

If you or any of the Committee members have any questions, please do not hesitate to contact me. I will be available as an Informational Witness.