

EXHIBIT 8
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HB N/A

ReadersSpeak

A patient's perspective from the Montana State Hospital

My name is Joshua Gray; I represent the resident council at the Montana State Hospital. We have seen many articles in the paper about the mental health system. We are hoping to bring to light the problems that we as patients run into in trying to return to the communities.

The hospital is severely overcrowded. This makes it a dangerous environment to be in. It causes a lot of stress, and stress is a major factor that intensifies psychiatric symptoms, which hinder us on our pathway to recovery. There are many patients that are stable but are unable to leave because there is no place for them to go. Some people will wait up to a year to get a bed in a group home.

This problem is even worse in the forensic community. More often than not a person who commits a crime do to a mental illness will do more time than a person who committed that same crime while in their right mind.

We would like to see the state open up group homes in the communities that are ran by DPHHS. These would benefit both civil and forensic patients and they would also benefit Montana tax payers. To keep a patient in the hospital costs \$200,000 plus a year; to keep a patient in one of the on-campus group homes costs \$60,000 plus a year. Community group homes cost significantly less, and you also have the patients now spending money in the community.

We are hoping to share these patient perspectives with the general public, for this is our lives.

Joshua Gray
P.O. Box 306
Warm Springs

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February 24th 2014

To Whom It May Concern:

Hello, my name is Earl Johnston, I have been hospitalized at Montana State Hospital for 10+ years, I am a member of Resident Council and we are working on the topic of barriers to discharge with N.A.M.I. and Disability Rights of Montana.

Montana State Transitional Living Services are nonexistent and the programs we do have are inadequate. Some of my peers have been scheduled for releases by as much as 1 year and yet have not found a program that will accept them.

We believe my peers, and numerous others, that State run Transitional Living places and programs would benefit not only ourselves but also society as a whole.

We seek humane alternatives to needless psychiatric hospitalization. People with disabilities can be productive and valued members of society. My personal belief is that community segregation is the greatest challenge facing the mental health community. And, I am confident that through the efforts of people like yourself, Montana will ultimately be successful in overcoming this challenge if given the opportunity instead of being ignored and discriminated against.

Washington State estimates the average cost of hospitalization is \$182,135/year, and the average for outpatient case management to be just \$8,282/year.

Grants are available to address this issue including the Federal Health and Human Services grants.

I, Resident Council Members, and Resident Staff, welcomes you and or your delegates to visit and discuss with us, this most important endeavor.

Thank you, for your time and attention to this most important matter.

Respectfully yours,



Earl R. Johnston

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Dear Governor Bullock:

We, the members of Montana State Hospital Resident Council, have been concerned for some time regarding community placement. Presently, the hospital is suffering from a bottleneck caused by patients being ready for discharge and having no place to go.

All the group homes and foster-care facilities in the state are privately run. This means everyone they accept must have Medicaid. Over a third of the patients at MSH do not qualify for Medicaid, and as a result the group homes won't take them.

It costs the state approximately six hundred dollars a day to keep someone at the hospital. Because of the difficulty in discharging people into the community the state's taxpayers are spending millions of dollars unnecessarily every year. This intolerable situation doesn't have to be.

There are resources available to establish state run transitional living centers in all our communities.

Presently, the states of Washington, Utah, and North Dakota have assumed responsibility for the coordinating and administering of their mental health communities. In North Dakota the average stay at the state hospital is seven days. In Montana the average stay is significantly greater. Seattle's Transitional Resources has an average outpatient cost of \$8,282/year. Montana spends more than a hundred thousand a year for a patient to stay at the state hospital.

Our friends at N.A.M.I. Can provide your office, and the legislators with the particulars of how those states are so cost effectively dealing with their mental health communities. Montana desperately needs to join their neighbors in responsibly dealing with these issues.

Most of us are of the opinion that preexisting group homes are an excellent model for transitional living. We need many more of these throughout the state. In addition our community is in need of Apartment living centers which include sliding scale rents, work and educational opportunities, and crisis bed programs.

Your leadership on this issue is essential. Thank you for taking the time to read this, and we pray you will devote the time necessary to address this challenge and help put Montana in the vanguard of community placement for the mentally ill.

Respectfully Yours

MSH Resident Council

