

# Western Service Area Authority

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Joyce DeCunzo, Administrator  
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Re: Adult Mental Health System Crisis Management Initiatives

At our January 18<sup>th</sup> WSAA Board of Directors meeting we spent a considerable amount of time evaluating, discussing and ranking the options for Crisis Management Initiatives in order of priority in our opinion. We have added or changed some wording from the way they were listed in your chart to clarify our recommendations.

- Presumptive eligibility for 72 hours at local hospitals and Mental Health Centers.
- Statewide 24/7 emergency assistance to local hospitals. Psychiatric consultations by MSH staff (or mental health centers/private providers) and video conferencing for consultations.
- Emergency room professional assistance and training program.
- Individuals at imminent risk, automatic enrollment in mental health system.
- Discharge medications for patients leaving MSH - enough to get consumer through till a local psychiatrist can prescribe.
- Increase MHSP poverty level to 200% of P.L. from 150% - Matching the poverty level for co-occurring disorders coverage.
- Train law enforcement staff for crisis intervention to work with individuals in a mental health crisis humanely. (New item – see reasoning below)
- Peer support services. Drop in centers, i.e. The Hub in Billings, NAMI's Peer to Peer program and Montana Mental Health Association's WRAP training.
- Enhanced services for all MSH (and community hospital) discharges for 90 days.
- Recruit and retain professional staff with higher reimbursement rates for services provided.

- Transportation of consumers with mental illnesses to involuntary services in a manner that respects dignity. (MSH, ERs and MHC crisis services)
- Upgrade crisis beds availability and include some secure beds where needed and architecturally reasonable.
- More PACT services (increased flexibility on eligibility, include transition of youths with mental illnesses and adapt to smaller populations – rural model).
- Special needs wrap funding for MSH discharge patients. Paying rent for a period of time until they can get setup locally.
- Patient assistance in community settings.
- Statewide centralized 24/7 crisis help line and referral.
- Pre-adjudication evaluations. (Forensic – for diversion and/or competency evaluation in community jails and detention centers)
- Hospital crisis aide reimbursement.
- Higher daily reimbursement to community hospitals.
- Regional assessment and (inpatient) evaluation centers.

### **Issues Identified by the WSAA that Were Not On Your List:**

- Law enforcement is a critical link in providing crisis services. The WSAA requests that the AMDD address law enforcement training across the state to respond to people in a mental health crisis in a humane and informed way. Some Helena police and sheriff's officers have received 4 days Crisis Intervention Team training and can operate as a model and trainers.
- Individuals with a mental illness who are released from prison or jail should be provided with appropriate transitional services and supports to access the community mental health services.

Sincerely,

Tom Bartlett, Chairman