



TO: Senator Schmidt & Members of the Legislative Interim Committee for Children,
Families, Health and Human Services
FROM: Deb Matteucci Director – Montana Mental Health Association
DATE: March 29, 2006
RE: Mental Health Services in Montana

Dear Madame Chair and Members of the Committee;

Thank you for the opportunity to provide testimony to your Interim Committee. I apologize for not being able to attend the meeting personally, but did want to share some thoughts on service needs in Montana.

Over the past six months, the Montana Mental Health Association (MMHA) has been collecting information from our Board of Directors, Membership and the public at large about mental health service needs, perceived gaps and challenges. We conducted online surveys, participated in a round table session and have fielded hundreds of calls on our resource line. There are a few elements that have resonated throughout. They closely match those found in the national New Freedom Commission Report on Mental Health Care released in 2002. I am happy to provide a hard copy of the New Freedom Report for each of you. A follow up report entitled “Emergency Response” was released last fall and is included with this testimony.

In Montana...

- There is a need for a comprehensive plan for the State of Montana to address the continuum of treatment needs of persons with mental disorders, substance use disorders and co-occurring illnesses. It would include service delivery to children and adults, across a broad spectrum of treatment options including prevention and public education. (A sample continuum appears on the last page.) It is recognized that the State has limited resources, and currently provides service only to those who meet certain eligibility criteria. This does not preclude having a comprehensive plan; including collaborative public and private partnerships, joint ventures or identification of existing community based resources. This statewide plan will serve as an invaluable roadmap to future program development, an effective tool for asset mapping, will identify gaps in a fragmented system, and lead to a more efficient and effective healthcare system for these vulnerable citizens. It will also provide opportunities for individuals and families to remain close to home, receive appropriate care and move towards recovery in a planned and effective treatment plan.
- For many Montanan's, there is simply no mental health care available. They are the people who are often working, struggling to make ends meet and not covered by health insurance. They don't qualify for state assistance, and cannot afford to pay for services out of pocket. So they wait. Many self medicate with drugs and alcohol, over the counter medications and other risk behavior. They may not have a serious and disabling mental illness, but they are suffering from a mental disorder in need of care. Eventually, some will be served through the hospital emergency rooms, Montana State Hospital, or the Department of Corrections. Some will be represented in suicide statistics. Some will continue to lead difficult lives, hanging on, indefinitely.
- The stigma of mental illness, substance use disorders and co-occurring illnesses is a powerful barrier that prevents people from accessing those services that are available. Other states have implemented aggressive public outreach campaigns to raise awareness of mental illness as a brain disease, to encourage early intervention of recognized

symptoms, and to provide easy access to information for the public at large. Many of these campaign areas have seen significant improvements in community education, supportive workplace policies and the development of community networks focused on local solutions. Outreach and education in schools, youth programs, sports, juvenile justice, daycare and maternal health is critical. With any illness, early intervention is key – and this means kids!

- In Montana, our information delivery system is fragmented. Some communities provide crisis line services, others have a resource library, some organizations including the MMHA and NAMI provide information to the public at large. What is lacking is cohesion. Crisis line telephone numbers are local, can be found in several different locations within the local phone book, and some are tied to the name of the organization. If the individual doesn't know who he/she is calling – they can't find the number. In addition, many call centers lack the ability to make immediate, electronic referrals for the caller resulting in delays and further roadblocks to access. Now try all of this in the middle of a crisis.
- Law enforcement agencies struggle with a need for more information, training and resources. Officers recognize individuals as being in need of care, but policies and programs are not well established to divert individuals from incarceration. Various diversion and re-entry programs have been modeled in many rural communities with great success. Keeping the mentally ill out of the prison system should be a priority for us all.
- Montana has a limited parity provision for mental health coverage in private insurance. Many insurers are exempt from this requirement and are able to offer health insurance with very limited mental health or substance abuse treatment benefits. An insured may find that their plan provides only a one time treatment, or perhaps a lifetime maximum benefit of a few thousand dollars. Doctors are forced to patch together treatment plans that fit the insurance limitations – rather than developing a treatment plan that would lead to recovery and wellness.

As policy makers, you are able to guide us along this path toward a transformed service delivery system in Montana. I would encourage you to consider action that will create a blueprint for mental health, substance abuse and co-occurring treatment for ALL Montanans. Use this blueprint to develop partnerships that will meet the treatment needs of those people leading “the crummy life”. I would ask for your continued support of the statewide 2-1-1 calling system. This system can provide easy, accessible information to everyone and will serve as a safety net for people who are in need of information and crisis support. Consider technology tools that will link our community based services and provide electronic referral opportunities. The Pathways database in Yellowstone County is a great example!! Look at existing toll free lines and database expenses supported by state dollars, and find a way to fund technology for the future. Launch a public outreach effort focused on prevention and early intervention. Consider uniform eligibility criteria for mental health and substance abuse treatment services. And insist on parity for all insurance plans; removing unfair treatment limitations on mental health and substance abuse treatment.

In closing, I'd like you to consider the following scenario...

A wildfire is burning in southwest Montana. It is burning out of control and is fueled by years of drought and strong winds. It will reach Montana State Hospital in 2 days. You MUST evacuate everyone immediately. You have a census of 200. What will you do?

Thank you for your time.

Continuum of Care

Prevention

Community Awareness of mental illness as a brain disease, treatment options, prevalence, risk factors and tools for mental health

Early Recognition

“Gatekeeper Training” for families, employers, community organizations and the public at large
Access to information and screening tools

Notification

One point of access—Established and maintained crisis lines and referral database.

1st Response

Mental health training for law enforcement, fire, ambulance and other emergency responders

Professional Medical Contact

Crisis/Medical Stabilization, Assessment and Referral

Definitive Care

Access to a full continuum of mental health and substance abuse services including secure beds, medications, day treatment, case management, financial assistance/planning, and outpatient therapy,

Rehabilitation

May include fundamental lifestyle changes: stress reduction, long term medication plans, personal crisis prevention plans, follow up visits, treatment models and education

Recovery

A return to social support networks, meaningful activity, nurturing environment and stability

Questions to ask

Which of these services is available?

To whom? Limitations?

Funding? Geographic reach?

Partnership Opportunities?