
WHEREAS, Montana's publicly funded mental health system experienced system-altering cutbacks when state revenues came in below anticipated levels in fiscal years 2017 and 2018; and

WHEREAS, the availability of community mental health crisis beds has changed with the revenue cutbacks; and

WHEREAS, people experiencing mental health crisis frequently come into contact with law enforcement, the justice system, and the facilities operated by the Montana Department of Public Health and Human Services; and

WHEREAS, all stakeholders have a strong interest in diverting people with mental health and substance abuse conditions from the criminal justice system; and

WHEREAS, military veterans in Montana are often treated in Montana's system of mental health crisis care before being transferred to appropriate Veterans Affairs facilities for treatment; and

WHEREAS, the expansion of the Medicaid program to cover adults without dependent children with an income at or below 138% of the federal poverty level has provided more than 90,000 Montanans with coverage of mental health and substance use treatment services; and

WHEREAS, community health clinics have been providing an increased amount of behavioral health care to treat not only mental health disorders but also substance use disorders; and

WHEREAS, the use of telehealth for mental health services has increased dramatically during the COVID-19 public health emergency; and

WHEREAS, the Montana Legislature has continued to make changes to the mental health system by adding peer support as a Medicaid-covered service, establishing a pilot project for mobile crisis response, and
WHEREAS, the state FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION has recently approved certified behavioral health centers that will alter the funding methodologies for some behavioral health services AWARDED GRANTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS IN MONTANA AND IT IS NOT CLEAR WHAT THE LONG-TERM FUNDING IMPLICATIONS OF THAT MODEL WILL BE; and

WHEREAS, the rapid pace and dramatic nature of changes in Montana’s publicly funded mental health system in recent years warrant a close examination of the system by Montana policymakers.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Legislative Council be requested to designate an appropriate interim committee or statutory committee, pursuant to section 5-5-217, MCA, to undertake a comprehensive review of the elements of Montana’s publicly funded mental health system to determine:

1. how the system has changed, including how funding reductions in recent years have affected services;
2. whether and where gaps exist in the system;
3. how the system diverts people from the criminal justice system;
4. the adequacy of the state’s system of higher education to appropriately train and educate clinicians necessary to meet the behavioral needs of Montanans; and
5. whether the Legislature or the executive branch should address any gaps in services.

BE IT FURTHER RESOLVED, that the study include input from appropriate stakeholders, including but not limited to representatives of the Department of Public Health and Human Services, THE DEPARTMENT OF CORRECTIONS, the Department of Military Affairs, the United States Department of Veterans Affairs, HOSPITALS, community mental health centers, federally qualified community health centers, individual mental health providers, SHERIFFS, COUNTY ATTORNEYS, HEALTH INSURANCE COMPANIES, CLINICAL PROVIDER ASSOCIATIONS, and organizations that advocate for people with mental illness and substance use disorders.

BE IT FURTHER RESOLVED, that all aspects of the study, including presentation and review requirements, be concluded prior to September 15, 2022.
BE IT FURTHER RESOLVED, that the final results of the study, including any findings, conclusions, comments, or recommendations of the appropriate committee, be reported to the 68th Legislature.

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