

November 2021

Children, Families, Health, and Human Services Interim Committee
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MENTAL HEALTH STUDIES

MENTAL HEALTH ADVISORY GROUPS

BACKGROUND

In the mid-1990s, the Department of Public Health and Human Services (DPHHS) planned for and entered into a managed care contract for Medicaid mental health services. The contract was canceled in 1999 following numerous problems with the contractor. The experience led to a sustained legislative focus over several sessions, resulting in the four bills shown below that revised the managed care laws and formalized several avenues for consumer and stakeholder input.

- 1999
SB 534**
 - Created the Mental Health Oversight Advisory Council (MHOAC) for consumer and stakeholder input on development and management of the public mental health system
 - Established required elements of a managed care mental health system, including local advisory councils (LACS) that would regularly report to and meet with MHOAC
- 2001
SB 82**
 - Made development of a managed care mental health system optional, rather than mandatory
 - MHOAC and LAC requirements remained largely unchanged
- 2003
SB 347**
 - Required DPHHS to create service area authorities (SAAs)
 - Allowed SAAs to contract with DPHHS for the planning, oversight, and administration of mental health services in their areas
 - Provided a 4-year transition period for SAAs to be created and demonstrate the ability to administer elements of the system
 - MHOAC and LAC requirements remained unchanged
- 2005
SB 499**
 - Removed the authority of SAAs to contract for and administer services
 - Made the SAAs advisory groups that would instead collaborate with DPHHS on planning and oversight of mental health services
 - Established membership requirements for SAA boards
 - MHOAC and LAC requirements remained unchanged

SAA PURPOSE AND DUTIES

SB 499 in 2005 added a purpose section to the Montana Code Annotated stating that the SAA laws were intended to create regional authorities that:

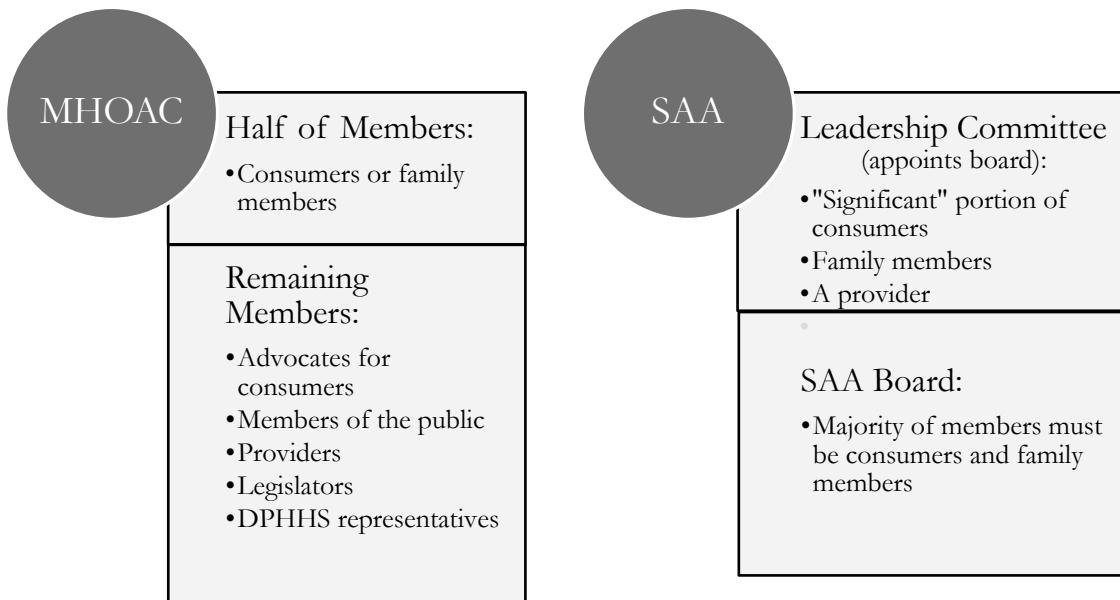
- collaborate with DPHHS and LACs to "plan, implement, and evaluate" regional public mental health care within budget constraints;
- promote consumer and family leadership; and
- foster a consumer- and family-driven public mental health system that provides a continuum of services and allows individual choice of services and providers.

Section 53-21-1006, MCA, spells out specific duties for SAAs. Those duties include working with DPHHS to plan for and oversee mental health services, review crisis intervention programs, and evaluate system needs.

Three SAAs were created and remain in existence.

MEMBERSHIP REQUIREMENTS

All of the bills passed from 1999 to 2005 made it clear that consumers of mental health services and their family members should have a voice in the development and operation of Montana's mental health system. The bills spelled out membership requirements for both the MHOAC and the SAAs, as illustrated below.



The MHOAC subsequently recommended that LACs be made up of a broad range of community stakeholders, including mental health consumers, family members, advocates, community providers, local government officials, and local law enforcement representatives.

Sources Other than Senate Bills Listed on Page 1

- "Mental Health Local Advisory Council Toolkit." *Department of Public Health and Human Services*. September 2013.
- Hearing on SB 347. Minutes of the Public Health, Safety, and Welfare Committee. Feb. 19, 2003.
- Hearing on SB 499. Minutes of the House Human Services Committee. April 4, 2005.