



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

August 1, 2018

TO: Montana Governor's Office and Montana DPHHS.
FROM: Behavioral Health Alliance of Montana.
RE: DPHHS Budget Restoration

First, we extend our appreciation to the Governor's Office and Montana DPHHS for inviting providers to be a part of the solution to the state's behavioral health problems and for the opportunity to create a sustainable, evidence-based, outcome-producing behavioral health system in Montana.

The community-based behavioral health system was implemented in Montana in the early 1970s as a response to the 1963 Mental Health Act signed by President Kennedy. The intent of the Act was to move children, youth and adults with behavioral health needs from higher cost and less effective institutional treatment settings to lower cost and more effective community-based treatment.

The cuts implemented since January 1, 2018 are resulting in the unintended dismantling of this community-based mental health system and state addiction provider network. Children, youth and adults with mental health and substance use disorders are losing key portions of their community-based behavioral health care, and increasingly moving to higher acuity and more costly levels of care. Rural communities are disproportionately impacted, with shuttered centers, Home Support Services cancelled, and other diminishing services. Further, new rules that restrict the number of services received per day leave rural residents with the unattainable need to travel multiple days per week. Behavioral health providers are accustomed to meticulously managing tight budgets; however, these cuts translate to a 10-15% loss of revenue for many of the larger agencies and centers, leading again to many fewer services and more limited service areas for the citizens of Montana.

As behavioral health providers, we commit to partnering with the State to craft a sustainable behavioral health system that provides quality, effective treatment and outcomes in care to help its most vulnerable citizens. An individual can be treated in an outpatient community setting for about \$3,000 *per year* rather than the much higher costs *per day* to house and treat an individual at the Montana State Hospital or MCDC. The Behavioral Health Alliance of Montana strongly suggests we move to a value-based purchasing system for Montana. In a value-based purchasing system, the behavioral health agencies are responsible for managing the care of the patients they see and treat daily rather than adding another layer of bureaucracy and paperwork to an already over-taxed system.

Quality behavioral health education, prevention, treatment, recovery support and related services are available and accessible to people, families and communities in need



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To enact a value-based purchasing system, the State and providers must work together to create reasonable quality-based outcomes that can be measured by providers and provided to the State to ensure the appropriate treatment of people within the system. Working together, we can craft a system that reduces the cost of using a third-party to “manage” care of Montana citizens and allows the providers to use their professional skills to “treat” Montanans appropriately given their individual condition and circumstances.

As the Governor’s Office looks at reinstating funds for behavioral health, it is imperative that we work to make the system fair, equitable, humane, and sustainable to the Montanans who use the system. The Behavioral Health Alliance of Montana respectfully requests the following:

1. **Reinstate the 2.99% Medicaid across-the-board cut that impacted every Medicaid provider in the state of Montana.** Medicaid already pays well below cost for most services and this cut unfairly penalized the providers willing to accept Medicaid’s low rates, which are on average 60% lower than traditional insurer rates. Mental health centers and substance use providers have been forced to close rural offices and cancel services due to this reduction in reimbursement, and there are already too few behavioral health providers in the rural areas of Montana.
2. **Reinstate or offer relief for Targeted Case Management reimbursement at a living wage.** Case Managers are the frontline of keeping clients in the community. Without Case Managers, many clients who can otherwise live independently in the community are accessing care through hospital emergency departments, community health systems, detention facilities, and physicians’ offices. To cut targeted case management in behavioral health is the equivalent of cutting primary care and only treating patients in the emergency department. It is the equivalent of cutting mammograms and only reimbursing physicians for breast cancer treatment. Targeted case management is prevention in behavioral health, providing a “warm hand off” that increases client follow-through and engagement in services.

The Alliance recommends immediate reinstatement of bridge funding for Case Management to alleviate the current emergency in behavioral health. In addition, a Case Management Joint Taskforce should immediately be created to design a sustainable Case Management system for Montana.

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The Case Management Joint Taskforce should consist of Behavioral Health Alliance members from both children and adult-serving agencies that provide case management services with representatives from the DPPHS Children, Adult and SUD Departments. A sustainable Case Management Program for Montana will require different State Departments to work together with providers to develop an over-arching program rather than have siloed Department responses from the State addressing children, adult and SUD case management.

Many of the problems surrounding targeted case management were created due to the over-utilization of case management. The Alliance and the DPHHS need to work together to:

1. Develop licensing requirements for agencies providing case management that increase and maintain the professionalism of the service;
2. Identify quality, outcome-based data from the case management providers to ensure a high-quality product is being provided;
3. And, establish reimbursement that supports a professional case management program through the state.
4. In addition, the Joint Taskforce should address the 2-hour time limit for Community Based Psychiatric Rehab and Support (CBPRS). Many of the duties provided by case managers in the past are more appropriately and cost-effectively delivered by CBPRS staff.

3. Reinstate the group reimbursement rates and rollback the Administrative Rules regarding pre-authorization, continued stay, and outpatient therapy.

The limited number of mental health and substance use providers in the state are now spending hours per day complying with pre-authorization and continued stay treatment documentation, rather than seeing and treating patients. In addition, patients are barred from receiving multiple services in a day, thereby making it necessary for rural patients to drive to the nearest services multiple times per week. The group rate cut coupled with the Department's decision to reimburse per group rather than per hour has caused several SUD providers to eliminate intensive outpatient treatment because it is not financially sustainable. These changes have negatively impacted the continuum of care in rural Montana. The result of these unnecessary rules has been to further limit much-needed treatment available for Montana's citizens.

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Please consider reinstating the 24 sessions per year for non-seriously emotionally disturbed (SED) youth for outpatient therapy. Many of these children have experienced trauma, abuse and neglect. They will need more than 10 sessions a year to maintain in their home.

According to the AHEC Montana Workforce Statewide Strategic Plan, over one-fourth of all counties in Montana do not have any type of mental health or substance use providers.ⁱ Even the Montana DPHHS is unable to staff to support these new documentation rules, with Director Hogan calling the cuts to staffing “unsustainable.”ⁱⁱ These rule changes have produced no efficiencies or cost-savings for the State. Immediately suspending some of these unnecessary documentation rules will save the State money.

- 4. Reinstate or offer relief for Home Support Services (HSS) for children’s providers and therapeutic foster care.** Home Support Services allow children to remain in their homes or in foster homes rather than to be sent to congregate care or an out-of-state institution at much higher costs. In-home support for Montana’s most vulnerable children and families continues to dwindle due to budget cuts, and again, Montana’s rural communities are hardest hit, with Home Support Services no longer available in most of rural Montana. A rate that correlates with the costs of a living wage and the drive time involved in serving families in their home will enable agencies to provide this valuable service to larger services areas.

The Alliance recommends that bridge funding for this important service be immediately reinstated. An HSS Joint Taskforce with Alliance children’s providers and DPHHS Children and Families Department representatives should be created to develop a sustainable, evidence-based program that supports foster and birth families in Montana. Clear outcomes need to be developed by the Joint Taskforce to ensure that quality services are being provided to the children.

- 5. Reinstate the Room and Board Reimbursement for children’s therapeutic group homes.** There is no alternative for families who need to place children in group homes within the state and the cost of seeking care outside of the state is much higher. Only children who are being discharged from a higher acuity facility are allowed room and board and only for 90 days. These restrictions are forcing many children’s providers to reject applications from Montana children as the indiscriminate 90-day limit does not provide enough time for quality treatment and increases the likelihood of multiple placements and a return to a higher acuity, more costly facility.

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BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

As the Alliance of mental health and substance use providers in the State of Montana, we respectfully request that the Governor's Office work with us to remedy the frightening condition of behavioral health services in the State of Montana and return to providing care for Montana's most vulnerable citizens.

Respectfully,
Jim Fitzgerald, Board Chair,
Sydney Blair, Board Vice Chair,
Lenette Kosovich, Board Secretary,
and all Behavioral Health Alliance of Montana Members.

ⁱ <http://healthinfo.montana.edu/Strategic%20Plan%202017.pdf>

ⁱⁱ https://missoulian.com/news/government-and-politics/montana-health-department-calls-staffing-levels-unsustainable-with-jobs-left/article_1c540afe-b846-51e9-a3ee-f0157c80c9a3.html

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RECOVERY CENTER MISSOULA

Current Magellan Time Spent Month One	HOURS
Admissions - 2 Staff	80
Completing required paperwork for Bio-Psych-Soc, getting signatures, faxing.	
RN Nurse Manager - UR	40
CSR's, calls from Magellan, re-faxing and data correction forms numerous related phone calls, monitoring/initiating CSR's	
ED - Training, Oversight, Monitoring, EMAILS!	40
Therapists	
Completing CSR's	25
<hr/>	
TOTAL = Equivalent 4.63 FTE	185

RIMROCK FOUNDATION

Therapists - 2 total - 40 hours per week	320
Transferred to UR exclusively to complete all associated tasks for Magellan	
ED - Training, Oversight, Monitoring, EMAILS!	40
<hr/>	
TOTAL = Equivalent 9 FTE	360

The above time reflects direct service time AWAY from client care. No new staff have been hired to assist in either facility because of unsustainability.



Group Homes
Shelter Care
Family Care

Dan Fox Family Care Program

Foster Care | Adoption | Family Support Services

July 26, 2018

MISSOULA
POLSON
KALISPELL
HAMILTON
HELENA

Dear Chairwoman Caferro, Senator Sands and Committee Members,

Thank you for this opportunity to speak about the budget cuts and how they have affected children and families in our state. I am the Clinical and Program Director for Youth Homes' Family Care Program. The Medicaid cuts to Home Support Services have been particularly difficult for our clients, and for the various mental health centers to manage. Home Support Services serves as a preventative service for Severely Emotionally Disturbed Children to prevent foster care or to help stabilize a child with their family after they have been removed, or return from Residential Treatment.

Due to the budget cuts, we are now only able to see ½ of the clients we would normally see for Home Support Services. We have been limited to only seeing clients who live in our city centers while children and families who live outside of the city centers are no longer able to receive services from our agency because the non-reimbursed expense of traveling to the client's home. Rural children have been hurt by these cuts. I recommend that the daily rate be reinstated for Home Support Services. The current rate does not allow providers to pay for the staff that provide the service. We are looking to grants to help us offset the losses our organization has suffered so we can continue to provide HSS in a limited manner.

The Families First Prevention Services Act of 2018 recently passed by Congress and signed in to law by the President will greatly shift how our state provides services to children in the child welfare system. One of the positive aspects of this Act is the focus on the prevention of foster care for children and families. This Families First Prevention Services Act acknowledges the evidence that most often children will do better if they are to stay in their family with additional support services. With our current system and the reduced rate in place for Home Support Services, most providers have discontinued providing HSS. This means that we are losing the infrastructure and experience doing in home work with families with emotionally disturbed children. We know that evidenced based services are vital to health of our children and our communities. Once our infrastructure is lost, it will be incredibly difficult for to rebuild. And as a state, we need to be in compliance with the Families First Prevention Act effective in 2019. The reinstatement of Home Support Services would be a step in the right directions for meeting the new law's restrictions.

Lastly, please consider reinstating the 24 sessions for non SED clients for Outpatient Therapy. Many of these children who are seen for therapy have experienced trauma, abuse and neglect. By some grace they have not met criteria for an SED diagnosis and have demonstrated resiliency-however, they will need more than 10 sessions a year to maintain in their family's home. Please return to the 24 session a year limit for non-seriously emotionally disturbed youth.

Respectfully submitted,

Erin Williams, LCPC
Clinical and Program Director
Dan Fox Family Care Program,
Youth Homes, ewilliams@youthhomesmt.org

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Sunburst Mental Health Services

08/06/2018

Good day, my name is Megan Bailey, I am a clinical therapist and do program development with Sunburst Mental Health.

Sunburst currently has 6 offices in Libby, Eureka, Kalispell, Polson, Saint Ignatius and Missoula and provides mental health and substance use disorder treatment including 1:1 therapy, family preservation services, case management, community reintegration supports and medication management.

To say that the cuts were devastating would be an understatement, although Sunburst did not previously participate in any layoffs or closures our ability to maintain operations, especially in rural MT is growing increasingly harder by the day.

Targeted Case Management was the only code available to us that offered a “pad” in terms of revenue, it was in this pad that we were able to maintain operations and at times open in additional locations. TCM is also a vital service that allows us to provide supportive services to our most vulnerable, all that being said a full reinstatement of rates to TCM is not without concern. In regards to adult services a TCM system that focuses on the most vulnerable and services that explicitly allow for independent living and/or community reintegration should take the highest priority. Systems such as PACT or similar offer meaningful use of this service, in addition to this moving to a system that focuses on the departments “level of intensity” worksheet and potentially prior authorizations would potentially also ensure that TCM is used in the way that it was initially intended, minimizing the misuses of the past.

Provider rate increases in initial evaluations, 90791, would allow for this function to be “in the black” with addiction services now utilizing the same codes it is impossible to conduct an initial evaluation with diagnostics and not lose money, we ask that this issue receive some focus.

Children’s services would benefit greatly from a full reinstatement of rates. With Montana boasting one of the highest rates of removal in our Child Protection System these services are vital in protecting our most at risk children and families.



August 1, 2018

Recommendations for “Restoration” of funding cuts

Fee increases to return to rates from FY2017:

- DD 0208 Waiver
 - Eliminating the decrease to return to FY17 rates is a step in the right direction.
 - Make the restoration retroactive to the date the rate decreases took effect.
 - The DD system needs attention. Partnership from policy-makers, advocates, and providers is necessary to address the significant workforce issues.
Possible solutions:
 - Significant (approx. 50%) increase to 0208 waiver rates
 - Restructuring reimbursement methodology basis from units of staff hours to client enrollment
 - Large increase to medical GH to get on-staff nursing, or else reduce requirement for level of nursing staff
- Targeted Case Management:
The total funding for contracted targeted case management (for developmental disabilities, youth and adult mental health) was decreased approximately 60%.
 - Restore DD TCM funding
 - Increase monthly unit rate to return caseloads to 35 (currently at over 60 under the funding reduction)
 - Restore Mental Health TCM - Youth and Adult
 - return rate to \$20 per 15-minute unit (currently at \$8.16 under the funding reduction)
 - Make the restoration retroactive to the date the rate decreases took effect.
- Youth Mental Health services:
 - Reinstate Room and Board payments for youth mental health therapeutic group homes that were eliminated under the recent budget cuts
 - Restore Home Support Services (HSS) to previous rates prior to the cuts
 - Make the restoration retroactive to the date the rate decreases took effect.

Policy Changes / ARM / MCA

Not only were rates reduced under the budget cuts, but policy changes also occurred that limit service delivery.

- Either reinstate enrollment based billing for Home Support Services (HSS) or double the previous rate for HSS to accommodate for the limited days of service caused by recent ARM changes.
- Reinstate former ARMs and remove the administrative burden caused by ICBR rule changes.



Mental Health

Advisory Council

August 6, 2018

Children, Family, Health, and Human Services Interim Committee
Montana Legislature
Helena, MT

Dear Interim Committee Members,

On behalf of the Beaverhead County Mental Health Local Advisory Council, please join us in advocating to DPHHS for the return of a knowledgeable Office of Public Assistance eligibility worker in Dillon once each week. The Beaverhead County LAC, in conjunction with the Beaverhead County Commissioners, will provide **at no charge to the state or DPHHS**, office space, phone, and internet access for this requested eligibility worker. This proposed partnership results in area residents having access to a knowledgeable eligibility professional and eliminates many overhead expenses involved in having a state office in Dillon.

DPHHS closed the Beaverhead OPA office in January 2018 due to statewide budget cuts. The office closure left a huge gap in services, resources, and referrals for many of our most vulnerable citizens, especially the aged, disabled, and those with mental health challenges. Since January 2018, our community has worked to fill the gaps left by the closure of the OPA office, the Western Montana Mental Health Center/Clinic and Day Treatment, the Southwest Montana Chemical Dependency Center, and the Dillon Job Service.

While the Human and Community Services Division offered an on-line application and telephone assistance in a "help line" to offset the OPA office closure, those services don't work well for many, are often fraught with delays, and irrelevant or inaccessible to those who aren't technologically savvy. As noted many of these folks are disabled, aged, or have mental health diagnoses and/or behavioral health challenges.

This unique partnership offer addresses the need for knowledgeable face to face human service program services for Beaverhead County residents, and yet comes at a significantly reduced cost from a full time public assistance office. This is an excellent example of finding new ways to provide needed services in an ever challenging and often shrinking budget. It remains difficult to explain to Beaverhead County residents they have to make a nearly three hour round trip to access Butte OPA services face to face while the Anaconda OPA office remains open and is less than a 30 minute drive to Butte.

This proposal is the result of community leaders and activists working collaboratively to find alternative answers to age old issues of limited funds and ever growing human services need. We look to your leadership to support this "win-win" proposal that benefits at risk residents in southwest Montana at significantly reduced costs to DPHHS because of this innovative partnering with Beaverhead County.

Sincerely,

Lynn Weltzien, Chairperson
Beaverhead County Mental Health Local Advisory Council
2 S Pacific, #13, Dillon, MT 59725



Mental Health *Advisory Council*

Date: August 6, 2018

To: Children, Family, Health, and Human Services Interim Committee

Fr: ^{KBP} Katherine Buckley-Patton, Beaverhead County Mental Health Local Advisory Council
(830 E Parkview Ct, Dillon 59725. 406.660.1637. gaelicgrannie@gmail.com)

Re: Reinstatement of OPA eligibility worker services in Dillon one day/week

The citizens of Dillon and Beaverhead County respectfully request the Department of Public Health and Human Services allocate a portion of redistributed state budget revenue (SB9) towards the return of a knowledgeable eligibility worker to Dillon on a weekly basis. We ask to establish a unique partnership where Beaverhead County will provide office space, internet access, and phone service in a Dillon office, **at no charge to DPHHS**, in exchange for a state eligibility worker meeting face to face with city of Dillon and county residents.

This proposal is a creative partnership developed to address the needs of Beaverhead County residents who suffered devastating losses of public health, mental health, and human services in early January 2018 with the closures of the following offices:

- Beaverhead Office of Public Assistance;
- Western Montana Mental Health Center and Day Treatment;
- Southwest Montana Chemical Dependency Office; and
- Dillon Job Service.

While some Beaverhead County residents are able to navigate the DPHHS online application process or the toll-free help line; these resources are not particularly user friendly, effective, or timely for others, particularly the aged, disabled, or those with mental health challenges. Beaverhead County residents are not signing up for services for which they're eligible because of inherent challenges in the online application or telephone help line, OR because they don't understand how/when to renew eligibility for programs they were once enrolled in. Subsequently, a number of area residents have either lost eligibility or never figured out the initial process on how to become eligible for SNAP, Medicaid, Healthy Montana Kids or Kids Plus, TANF, etc.

This proposed partnership addresses the inherent challenges in Dillon or Lima residents having to drive two to four hours (round trip) to access face to face services at the Butte Office of Public Assistance. The Anaconda OPA office remains open despite the fact it is less than a 30 minute drive from Anaconda to the Butte OPA. A significant number of Deer Lodge County residents frequently travel to Butte for grocery shopping, entertainment, medical care, etc. That same frequency of travel or ease of transportation to the Butte OPA clearly **does not** apply for Beaverhead County residents.

We are realistic and understand a full time OPA office in Dillon likely won't return. Instead we offer a creative partnership to meet Beaverhead County residents' needs, provide critical human service programs' expertise, and yet at significantly reduced costs for the Human and Community Services Division and DPHHS. We strongly encourage you to review and endorse this creative partnership between Beaverhead County and DPHHS and ask for these weekly services to begin immediately.



Beaverhead County Commissioners

2 South Pacific St., Ste. #4

Dillon, MT 59725-4000

Phone: (406)683-3750 Fax: (406)683-3772

trice@beaverheadcounty.org

mmcganley@beaverheadcounty.org

jjackson@beaverheadcounty.org

June 18, 2018

Sheila Hogan, Director
Department of Public Health and Human Services
P O Box 202951
Helena, MT 59620-2951

Dear Sheila,

We, the Beaverhead County Commissioners, request the **immediate** return of a knowledgeable public assistance eligibility worker to hold a full day's office hours in Dillon on a regular, weekly basis to allow area residents access to face to face assistance. This 10 hour shift (travel between Butte and Dillon – one hour each way) is needed to assure a full eight hours of public access. Favorable state revenue estimates is another factor supporting our request.

It is nearly six months since the Public Assistance Office closed and multiple county residents are frustrated, angry, confused, and at a loss of what to do when needing public assistance, especially health coverage.

The county OPA closure immediately caused a significant, negative impact on our community and county wide residents. Local residents banded together to assist our most vulnerable citizens in navigating the 'system' in the alternate ways offered by DPHHS: apply.mt.gov and a toll free 'help' line. But these "replacement services" **do not** effectively or satisfactorily meet all clients' needs.

Area residents cited the loss of the Beaverhead OPA as their top area of concern in a community wide survey conducted by the Beaverhead County Mental Health Local Advisory Council. The survey confirmed multiple instances where residents, or those assisting them, struggled repeatedly and frequently failed using the online application or toll free "help line." Despite a groundswell of area volunteerism in the past six months, the needs of these folks has overwhelmed our local community resources, their families, and friends.

These services are too important to leave to chance and must be provided equitably! Our residents experience a significant disadvantage attempting to access services face to face. Those with mental health related disabilities are particularly impacted, along with those aged or disabled who don't have the resources or ability to make a minimum 130 mile round trip to Butte.

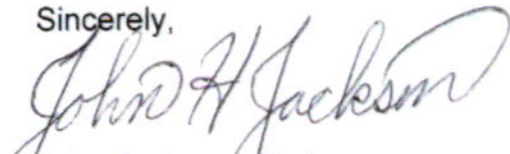
The "gaps in services" are rapidly multiplying as more individuals become disenfranchised from available and needed services. It is critical for area residents to have face to face access to a knowledgeable eligibility worker so questions are reliably answered, their cases remain open, new

knowledgeable eligibility worker so questions are reliably answered, their cases remain open, new applicants understand program guidelines, appropriate referrals are made, and clear explanations are given about these multiple, complex, and often confusing programs.

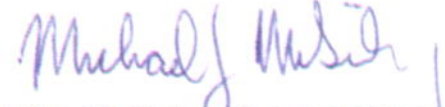
We understand challenges associated with state budget cuts. Beaverhead County offers to partner with DPHHS for the coming year by providing office space for the eligibility worker. This 'no cost' office offer is good through June 30, 2019/SFY20 end. We are open to discussion and negotiation for SFY21.

"The mission of DPHHS is to improve and protect the health, well-being, and self-reliance of all Montanans." Those are DPHHS' published goals and objectives. Our residents need the resumption of face to face OPA services in Dillon to improve and protect their health and well being. We take you at your word.

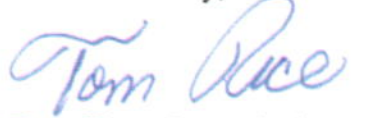
Sincerely,



John Jackson, Chair



Mike McGinley, Commissioner



Tom Rice, Commissioner

cc: Senator Jeff Welborn, SD36
Representative Tom Welch, HD32
Jon Ebelt, DPHHS Communication Director
Lynn Weltzien, Beaverhead LAC Chair



Steve Bullock, Governor

Sheila Hogan, Director

July 2, 2018

Beaverhead County Commissioners
2 South Pacific St, Suite #4
Dillon, MT 59725-4000

Re: OPA services in Dillon

RECEIVED

JUL 09 2018

**BEAVERHEAD COUNTY
COMMISSIONERS**

Dear Commissioners:

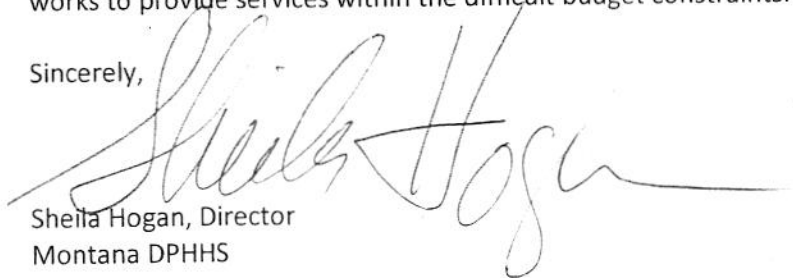
I'm writing in response to the letter I received regarding Office of Public Assistance (OPA) Services in Beaverhead County. We understand the challenges that many face in Dillon, and across the state when it comes to accessing services through our Offices of Public Assistance. As you know, the State has been challenged with budget cuts, and DPHHS has had to implement many reductions, including closures of Offices of Public Assistance. While there is talk of an increase in state revenues, the Executive Branch awaits more details beyond the estimations.

Your letter requests presence of an eligibility worker in Dillon one day a week ongoing. I appreciate the offer of space for a year and I regret to inform you that the Department does not have the capacity to commit at this time. The Offices of Public Assistance have 29 FTE engaged in new hire training and have over 50 vacant field positions. The impacts of the budget reductions are felt at every level of the agency. We are consistently monitoring our budget and ability to hire staff. Additionally, we are in the process of hiring a new Field Operations Manager for the Butte/Silverbow region. Once that position is hired, he/she can review this request and assess capability of hoteling in Dillon on a regular basis.

The Department understands the frustration felt by many Montanans with the Public Assistance Helpline and online application. We are in the process of transitioning to a new phone system and process. This is expected to be implemented in the fall with stronger capability to schedule appointments. We understand the challenges are many, and we continue to work tirelessly to offer the best service possible under the budget conditions.

The OPA closures are significant and felt across the state, I appreciate your advocacy for the residents of Beaverhead County. Thank you for your continued communication and support as the Department works to provide services within the difficult budget constraints.

Sincerely,


Sheila Hogan, Director
Montana DPHHS



Beaverhead County Commissioners

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Children, Families, Health, and Human Services Interim Committee 65th Montana Legislature

SENATE MEMBERS

Mary Caferro
Frederick (Eric) Moore
Albert Olszewski
Diane Sands

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Dennis Lenz
Gordon Pierson

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Sue O'Connell, Lead
Alexis Sandru, Attorney
Fong Hom, Secretary

MADAME CHAIRMAN

SENATE MEMBERS

HOUSE MEMBERS and
COMMITTEE STAFF

INTRODUCTION

- Tom Rice – Beaverhead County Commissioner
- Appointed July 2005
- Member of the Mental Health LAC

We, like other rural areas of Montana, are attempting to deal with the challenges that come with accessing services through the Montana Offices of Public Assistance (DPHHS). The closure of Beaverhead County's OPA quickly caused a negative impact on our citizens' county wide.

Beaverhead County and local residents joined together to address this issue. Beaverhead County has offered to partner with DPHHS for the coming year by providing office space (+/- 1000 square feet) for the eligibility worker. This "no cost" office space offer still "stands approved" through June 30 2019 / SFY 20 end. We are open to discussion and negotiation for SFY 21.

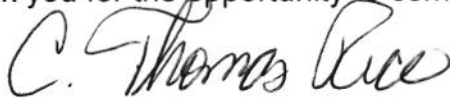
Our Local Advisory Committee, along with many local volunteers, has set up the office including newly painted walls.

We, the Beaverhead County Commissioners, are asking for the Interim and DPHHS to assign a portion of the recent additional revenue to fund a trained Public Assistance Eligibility worker to Dillon. This worker should be able to complete a full day's office hours in Dillon on a regular weekly basis allowing our

residents "face to face" assistance. The 10 (ten) hour shift would include traveling from Butte to Dillon and return (1 hour travel each way).

➤ Open for Questions from Committee

Thank you for the opportunity to comment.

A handwritten signature in black ink that reads "C. Thomas Rice". The signature is written in a cursive style with a large, prominent "C" at the beginning.

C. Thomas Rice
Beaverhead County Commissioner

8/6/18

From: Sandra Mihelish
To: [O'Connell, Sue](mailto:O'Connell,Sue)
Subject: FW: DPHHS Funding Restoration
Date: Monday, August 06, 2018 9:16:33 AM

From: Sandra Mihelish [mailto:2Mihelishes@Bresnan.net]
Sent: Monday, August 06, 2018 8:18 AM
To: Mary Caferro <marycaferro@gmail.com>; 'Sen.Eric.Moore!@mt.gov' <Sen.Eric.Moore!@mt.gov>; 'Sen.Albert.Olszewski@mt.gov' <Sen.Albert.Olszewski@mt.gov>; 'Diane Sands' <senatorsands@gmail.com>; 'Rep.Kathy.Kelker@mt.gov' <Rep.Kathy.Kelker@mt.gov>; 'Rep.Jon.Knokey@mt.gov' <Rep.Jon.Knokey@mt.gov>; 'Rep.Dennis' <lenz@mt.gov>; 'Rep.Gordon.Pierson@mt.gov' <Rep.Gordon.Pierson@mt.gov>
Subject: DPHHS Funding Restoration

Children, Families, Health and Human Services Interim Committee:

Madame Chair, Members of the Committee,

In your deliberations today, please consider the restoration of funding to Montana's four mental health centers. Montana's Public Mental Illness Treatment System is in free fall. The mental health center's serve our sickest and most vulnerable citizens. Their services keep people out of the Montana State Hospital and the Montana State Prison. They need adequate funding the deliver these vital services. Thank you.

Sincerely,
Dr. Gary L. Mihelish, President
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To the Interim Committee,

Since I am not able to attend the meeting on Monday August 6, I would like to offer my thoughts about priorities for additional funding for children and family services. As a mental health counselor who currently works predominantly with adults with serious mental illness in a private practice in Missoula and who worked for ten years for Western MT Mental Health Services, in the roles of case manager, intake and referral specialist and therapist-I can honestly say that case management is the most important service for adults with serious mental illness. Case management is key to ensuring adults with serious mental illness maintain stability, avert crisis, maintain secure housing and jobs and are able to parent effectively. If there is one service that needs to be prioritized for additional funding it should be case management. Not only should case management services be increased but the pay rate absolutely needs to be increased as well. It is incredibly difficult to train good case managers-and these dedicated people need to be paid a fair wage.

That being said, the most important population that needs to be prioritized for increased funding is children. The recent cuts to children's mental health are unconscionable and put kids and families at risk. Kids who do not get adequate services are at risk of destabilizing, of having increased risk of self harm, are at risk of harming others and will end up down the line being adults with even more serious concerns. Currently several of my adult clients with kids have had services cut-and are struggling to get the support they need for their kids. This means a double whammy for these families because, not only are their kids having services cut, but they too have lost case management and have less all around support. These cuts have put our most vulnerable people at risk. Children and families need and deserve increased access to therapy, case management, in home services, group homes and addiction services.

The recent cuts to mental health services in our state have already destabilized many community members and have resulted in functioning agencies being put in the position of instability as well. It is truly unfortunate and I believe irresponsible of state leadership to have allowed this to occur. Now, it is time to work together to fund these essential human services and to try to repair what has been broken. I urge you to take these comments very seriously and to work with community members and the organizations who have made it their missions to work with vulnerable communities-and learn from their experience.

Thank you for your hard work! And thanks for your consideration! If I can be of further assistance please do not hesitate to contact me.

Sincerely,

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