



## GALLATIN COUNTY MENTAL HEALTH LOCAL ADVISORY COUNCIL

### 2012-2013 LEGISLATIVE PRIORITIES\*

#### **Fund Expansion of the High-Fidelity Wraparound Service Model**

This model for serving at-risk youth has been implemented widely across the US and internationally for several reasons, including documented success in shifting treatment from residential and inpatient programs to community based care (and associated cost savings); its resonance with families and family advocates; and demonstrated effectiveness for youth, including improved mental health, school success, and juvenile justice recidivism.

#### **Fund Use of a Standardized Way to Assess Children and Adolescents**

Currently there is no assessment instrument used across services and the continuum of care to inform treatment decisions or measure treatment outcomes in at-risk children and youth. CANS, already adopted by 25 states and in planning by many others, is strengths-based, easy to learn, and well-liked by parents and providers. It improves accuracy of placement and treatment planning, establishes an assessment and outcome measure for all systems across the continuum of care, and establishes accountability of service quality at provider and system levels. Its use will allow the formation of a database for making evidence-based funding and treatment decisions at the state, local, and family levels.

**\*NO ATTEMPT WAS MADE TO RANK IN  
PRIORITY ORDER.**

#### **Fund Training to Reduce Re- Traumatization in Systems of Care**

There are large numbers of people served across our continuum of care who are living with painful, hidden histories of personal trauma, including sexual assault, domestic violence, child abuse and neglect and witnessing violence. Without training, service providers from emergency services, social services, law enforcement, primary healthcare, and mental health treatment too often fail to recognize the presence of trauma and fail to offer appropriate or compassionate care. We recommend the Sanctuary Model, an evidence-based, system-wide template for developing a trauma-informed culture to empower service organizations to help people heal from trauma and prevent ongoing harm.

#### **Continue Funds for Law Enforcement Training and Stabilization of Mental Health Crises at the Community Level**

We have already successfully implemented the nationally and internationally recognized Crisis Intervention Team training in Gallatin County. This has improved the ability of our law enforcement officers to respond to persons with mental illness to minimize incidents of violence and promote safety of the mentally ill and the officers. In addition, we have successfully expanded our local capacity to handle mental health crises rather than to extradite people to higher levels of care. These successful programs are in need of continued

support to continue our effectiveness in deescalating and minimizing the negative impacts and costs of crisis incidents.

### **Continue Funds for Training and Education on Suicide Prevention**

As suicide continues to be a leading cause of death in our county and state, we urge continuation of state-wide suicide training prevention efforts. These help to reduce suicides and to increase awareness of serious mental illness and shift attitudes toward seeking care.

### **Address Serious Gaps in Substance Disorder Treatment**

To date, there is no medical inpatient detoxification facility in the county. As a result, people spend considerable time in the local Emergency Room, often under guard by a law enforcement representative. This arrangement is costly and unsatisfactory for the hospital, patients, law enforcement and providers.

Substance abuse is implicated in 90% of law enforcement contact for people with mental illness in Gallatin County. It is generally acknowledged that people with Co-occurring Disorders need treatment for both their mental

illness and substance disorder. Alcohol and Drug Services of Gallatin County has embraced and provides co-occurring treatment but is severely constrained by budget limitations, as a majority of those seeking services have no insurance coverage for treatment. State administration rules currently prevent the community mental health center from providing Integrated Dual Disorder Treatment (IDDT). Unlike the vast majority of states, Montana does not license mental health practitioners to provide substance abuse treatment. The state Medicaid program also does not reimburse for IDDT. Removing barriers to Co-Occurring treatment will increase efficiency, improve people's lives, and lower long-term costs and the burden on law enforcement.

### **Fund a Housing Initiative for the Seriously Mentally Ill**

Like many communities, Bozeman has a shortage of affordable housing. It is particularly difficult for people with mental illness and Co-Occurring Disorders to obtain and maintain independent housing. We recommend a supportive housing initiative that includes both increased access to housing and an initiative to provide training and other support necessary for these people to succeed as good tenants.