Mental Health Services Legislative Priorities — Lists from several agencies to compare

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SAA Combined List *(Proposed at Summit meeting, June 21, 2012)*

GLOBAL ISSUES: Evidence-based practices; Support publicly-reported outcome measurements in both the children and adult mental illness treatment systems.

1. Maintain high-fidelity wraparound services for the children's system.
2. Expand peer support services and support PS training and certification/licensure.
3. Support crisis funding for both the adult and children's system:
   a. Trauma-informed Cultural Initiatives
   b. Medicaid enrollment efficiency
   c. Including transportation to and from the State Hospital
   d. Revise the definition of emergency detention standard (to clarify substantial symptoms).
4. Develop and expand supported housing (reallocate funding from pre-release centers); recovery homes (aka, adult foster homes).
5. Revise discharge planning process in the parole & probation system to work more effectively for offenders with a SDMI; including pre- and post-trial jail system.
6. Suicide Prevention: education and outreach (e.g., children, Veterans, Native Americans)

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NAMI-Montana

1. Maintain high-fidelity wraparound services for the children's system.
2. Support publicly-reported outcome measurements in both the children and adult mental illness treatment systems.
3. Expand peer support services.
4. Support crisis funding for both the adult and children's system, including transportation to and from the State Hospital.
5. Expand supported housing.
6. Support changes to the emergency detention standard to clarify that it is an emergency when someone is so symptomatic that they are substantially unable to provide for their own basic needs of food, clothing, shelter, health, or safety.
7. Revise the parole and probation system to work more effectively for offenders that have a serious mental illness (and include discharge planning).

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MHA of Montana

Legislative Priorities: Board of Directors identified these at 4/13/12 public meeting.

1. Continue capacity building of the High Fidelity Wraparound Service Model: in-community, family-centered, age-appropriate.
2. Expand Peer Support services – support Peer Support Certification and a change in the state's Medicaid plan.
3. Expand Supportive Housing.
4. Support Medicaid Enrollment Efficiency Initiative.
5. Support Trauma-Informed Culture Initiatives.
6. Support community-based crisis services for adult and children's system.
7. Other.

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Montana's Peer Network Priorities 2012

1.   Wellness Recovery Action Planning (WRAP) opportunities including workshops, support groups, facilitator training and mentoring throughout Montana.
2.   By organizing a strong equally represented peer network throughout Montana.
3.   Actively supporting Peer Support Specialist Training and Certification in Montana.
4.   Advocacy and education for improved mental health services in Montana, including:
     a. Peer-directed services
     b. Suicide prevention
     c. Trauma-informed care
     d. High-fidelity wraparound services for the children's system
     e. Supported housing.
5.   Promotion of wellness and recovery through education, podcasts, newsletter, conference calls, education, training and support groups. In particular, the promotion of 5 key recovery concepts: *hope, education, self-advocacy, peer support, personal responsibility.*
6.   Promote the clear message *"Recovery is possible."*

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CSAA List from: Lake County attorney Brett Linneweber (Livingston LAC)

1.   Support ongoing adult & children's advocacy systems, including peer support, high fidelity WRAP around (including DPHHS involvement), suicide prevention, trauma informed culture initiatives.
2.   Support funding including evidence-based programs, Medicaid waivers, reimbursement systems, and CRT support (because funding these measures will lead to an overall decrease in long-term costs).
3.   Support preventative measures to decrease crisis services needs, including CIT, other trainings, and jail diversion.
4.   Support consumer structural needs, including employment, housing, and open access.
5.   Support legislative changes, including improvement of commitment standards and pre/post trial supervision system.

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CMHB – System of Care (SOC) (Dan Ladd)

1.   Continue capacity building of the high-fidelity wraparound service model: in-community, family-centered, age appropriate.
2.   Continue to train and educate of suicide prevention.
3.   Support the use of a common Functional Assessment to be used system-wide; i.e., CANS, this would encompass cradle-to-grave assessing to support continuity of care.
4.   Continue training support for Trauma Informed Culture (care); i.e., The Sanctuary Institute.
5.   Increase Community Crisis Response Capacity: training for law enforcement (CIT), local stabilization funding.

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