

Legislative Priorities for 2011

Service Area Authorities

Priority #1:

Maintain Funding for existing programs at the current level. The SAAs want to ensure that the 2011 Legislature doesn't reduce or eliminate funding for any mental health programs. This is in order to reduce risks to mental health consumers and reduce impacts on higher levels of care, such as emergency responders.

Priority #2:

Fund Peer Services such as Drop-In Centers, Wellness Recovery Action Planning (WRAP), and Illness Management & Recovery (IMR) training.

Priority #3:

Fund Necessities of Life such as accessible Housing and Employment Opportunities.

Please read below for comprehensive justifications.

1. Clients need the stability of being able to count on access to programs that serve them and providers need to be reimbursed at a reasonable wage, which will serve to encourage longevity in the job positions. (Unlike currently, where the job turnover of MH professionals is another source of anxiety and instability for clients.) Many cuts were made last session and we believe further cuts will have mental health consumers relying on higher levels of care and using services such as emergency rooms, local/regional hospitals, and the State Hospital. Cutting mental health services also impacts other systems such as emergency responders, the legal system, and local hospitals.
2. The most proven approaches to successful MH recovery are generally peer-provided services and those actions that are empowering because they are self-generated by the consumer. These practices are proven and based upon much evidence and research. There are many peer services to be considered including programs that have been funded by AMDD and other grants in the past, but should not be limited to those programs funded in the past. Drop-in centers are based on a peer-driven model; there are many mental health training programs that help mental health consumers to take hold of their own health and to help those of others such as WRAP, IMR, and Recovery International. These programs should be built into the base budget where available. Peer services are a part of the ten components.
3. With recovery, comes the desire to hold a recognized place in one's own home community. Very few options are as important as an individual having decent, affordable housing and a job wherein they can feel competent and be self-supporting. Employment programs should be asked to evaluate their methods and results to find out the program(s) that have the best results for Montanans with mental illness and those programs should be fully funded. Housing is a HUGE issue for many mental health consumers and being able to afford housing is the first obstacle. We recommend having a variety of "levels" of housing available for consumers. There is a huge gap between group level living arrangements and being in their own apartment. Many studies need to be conducted to find where the State is on these issues and what the solutions may be.