
# Montana

In 2006, Montana received an F grade. Three years later, it has advanced to a D. For a rural state with a low population and relatively low per capita income, it demonstrates that progress is possible. In fact, Montana has the distinction of providing the highest degree of Assertive Community Treatment (ACT) among frontier states.

But difficult challenges remain. Montana has the highest suicide rate in the nation, and lack of an adequate professional workforce remains a limiting factor in the state's ability to strengthen mental health services.

The addition of 24 private inpatient beds at St. Peter's Hospital will help address the overall bed shortage that has plagued the state for years. The state also guarantees up to 72 hours of care to every person who needs it, regardless of insurance status.

Montana fosters collaboration among providers, consumers, and family members within its mental health system. The culture of collaboration is expanding to mental health care in the criminal justice system and represents an acknowledgement that criminalization of mental illness is a major problem.

Availability of ACT continues to be exemplary—six teams in a sparsely populated state are, proportionally, a national model.

The Montana National Guard developed a pilot program to check soldiers for signs of posttraumatic stress disorder (PTSD) every six months for the first two years after return from combat, then once a year thereafter. During the 2008 election campaign, after meeting with Montana advocates, then presidential candidate Barack Obama promised a national expansion of the program.

The state also is working to develop an electronic records system—an indication of vision, as well as progress.

The system still has a long way to go. The state moved to address overcrowding at Montana State Hospital in 2008, but the census indicates it is at full capacity. This speaks to the need for greater community-based mental health services.

Cultural competence and lack of inclusion in the system are a weakness. In 2006, Montana enacted a law to protect tribes from Medicaid changes, but it is too early to assess the impact.

## Innovations

- Expansion of ACT
- Increase in inpatient psychiatric beds in Helena
- Access to short-term inpatient care, regardless of insurance

## Urgent Needs

- Address workforce shortage
- Solutions to overcrowding at Montana State Hospital
- Community housing and crisis services

## Consumer and Family Comments

- *"Doctors are good . . . but don't last very long."*
- *"The development of ACT teams is the best thing that has happened in Montana."*
- *"There is a lack of culturally competent therapists."*
- *"At present, when there is a need for transport, the patient is handcuffed and taken to the hospital in a sheriff's squad car, like a criminal."*

The Montana Law Enforcement Academy has worked to expand police Crisis Intervention Teams (CIT) throughout the state. Jail diversion also is needed.

The state supports a comprehensive suicide prevention plan backed by funding, but prevention efforts will need to be sustained over time. The urgent need for a professional workforce is illustrated by the recent retirement of one psychiatrist in Missoula—there was no other doctor to whom he could refer 600 patients. The federal government recently designated Missoula a health professional shortage area. The state still needs a comprehensive plan to recruit, train, and retain mental health professionals.

Consumer-run programs are in their infancy, but provide an opportunity for workforce development through which the state could position itself as a leader. Six programs are currently in development.

Having elevated its grade from an F to a D, Montana's key challenge is to keep moving forward. Unfortunately, moving into 2009, Governor Brian Schweitzer proposed cuts to community services, correctional mental health care, and Montana State Hospital. Such cuts are ill-timed and ill-considered.

Leadership, political will, and investment are needed. Now is not the time to retreat.