



Legislator Alert

To inform and educate our Legislators about important

Behavioral Health Issues

Mental Health Division Diverting Alcohol Treatment Monies

In a classic case of financial greed, DPHHS's Addiction and Mental Disorders Division (AMDD) effectively manipulated the 2002 Special Legislative Session into giving them an added \$1.2 million dollars from earmarked alcohol treatment funds. This is in addition to having received a massive infusion of \$20.0 million over the past three years. **For this significant amount of money (a 35% increase), the Mental Health Bureau has shown only a negligible improvement of 1.8% in numbers of patients served.**

Suggestions for Improving Mental Health Services

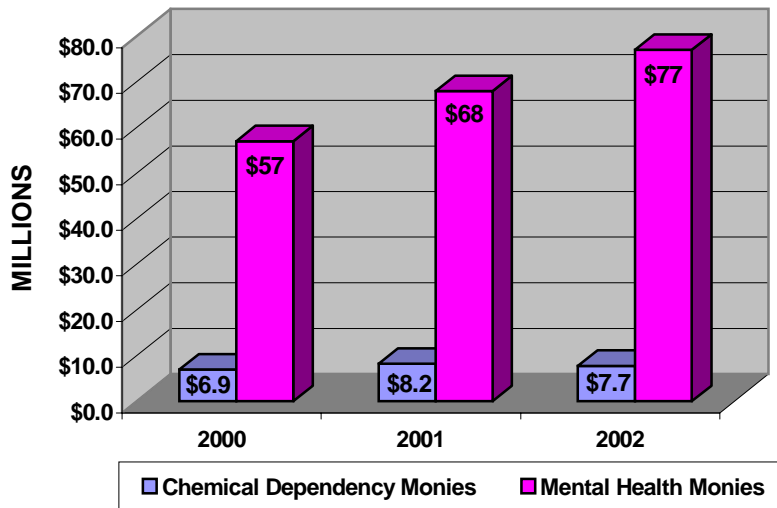
Treatment Guidelines: Adoption of best practices guidelines and identification of a continuum of care approach would reduce unnecessary costs while increasing access to community services.

Quality Assurance: We must put mechanisms in place to ensure standards of delivery are consistent for an approved list of providers.

Integrative Health Care: Greater integration of the mental health care system must recognize the benefits of lower cost step-down care.

Managing Change: Managing change requires re-tooling the mental health provider framework by exploring new managed health strategies which demonstrate real cost-savings and sustainability.

Mental Health/Addiction Services Cost Comparison



We think the Legislature should be asking fundamental questions regarding why the Mental Health Bureau has demonstrated a continuing inability to balance their budget. Of major concern is the fact that Alcohol Treatment Services funding has now been subjected to a decrease of 13.5%, which places sanctions against our alcohol and drug treatment programs for being cost effective. Amazingly enough, it is these very alcohol programs - living within budget standards - that are taking the brunt of funding reductions, instead of the malfunctioning Mental Health Bureau.

Once again, Mr. Anderson, head of AMDD, has reneged on his Special Session promise that he would not seek additional earmarked alcohol tax money for mental health care. Now he has offered up a portion of our county alcohol funds to operate continuing mental health service deficits. Any further erosion of these earmarked alcohol funds seriously endangers our federal matching monies, which would result in a major, destructive reduction of alcohol treatment services.



A state leader in providing behavioral health services

It's time to stop the political maneuvers that divert alcohol treatment funds to the Mental Health Bureau's budget.

By not having these spiraling increases in mental health care expenditures linked to performance standards, it places additional pressures on decision-makers, legislators and government to effectively manage what mental health care resources we have.

We must ensure that the delivery of care to patients needing alcohol and drug services is not compromised.

Currently, there are few mechanisms in place to measure the cost-effectiveness and efficacy of mental health care services. Furthermore, there are limited efforts to research, explore or incorporate more effective methods of care by AMDD.

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