

HOUSE JOINT RESOLUTION NO. 9

INTRODUCED BY K. KELKER

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A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING AN INTERIM STUDY OF SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS AND UNTREATED SUBSTANCE USE AND MENTAL HEALTH DISORDERS; AND REQUIRING THAT THE FINAL RESULTS OF THE STUDY BE REPORTED TO THE 67TH LEGISLATURE.

WHEREAS, a comprehensive study by the Montana Department of Justice concluded in 2017 that 90% of Montanans with a substance use disorder are not receiving treatment; and

WHEREAS, the Department of Justice study noted that a lack of treatment providers has made it difficult for Montanans with substance use disorders to access treatment; and

WHEREAS, substance use disorders and mental illness are often co-occurring illnesses, with a 2014 survey by the federal Substance Abuse and Mental Health Services Administration showing that 39% of Americans with a substance use disorder also had a co-occurring mental illness; and

WHEREAS, mental health services are limited in many areas of Montana; and

WHEREAS, people with untreated substance use and mental health disorders often experience homelessness and increased interactions with law enforcement; and

WHEREAS, individuals who have been involved with the criminal justice system may, without access to appropriate treatment, re-offend and return to the criminal justice system; and

WHEREAS, some Montana cities are grappling with problems caused in public spaces by individuals with untreated substance use and mental health disorders.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Legislative Council be requested to designate an appropriate interim committee, pursuant to section 5-5-217, MCA, to examine Montana's existing system of services for the treatment of substance use and mental health disorders and determine whether additional or different services or approaches are needed to reduce untreated addiction as an alternative to detention and criminal sanctions.

BE IT FURTHER RESOLVED, that the study review:



1 (1) the availability of substance use and mental health disorder treatment services in Montana, including
2 services available to people who are on probation or parole as well as those who live in rural areas or on Indian
3 reservations;

4 (2) methods for expanding access to treatment for underserved populations;

5 (3) methods for expanding access to treatment through approaches tailored to meet the needs of both
6 rural and urban areas;

7 (4) the cost of providing substance use and mental health disorder treatment in Montana;

8 (5) the direct and indirect costs that local governments, service providers, and the business community
9 incur for individuals with untreated substance use and mental health disorders, including but not limited to the
10 costs of:

11 (a) providing health care and other services to the individuals; and

12 (b) ensuring public safety; and

13 (6) programs in Montana or other states that have successfully focused on treatment as a way to prevent
14 homelessness and criminal justice involvement by individuals in need of services.

15 BE IT FURTHER RESOLVED, that the study determine:

16 (1) if gaps exist in services and, if so, why the gaps exist and what additional services are needed;

17 (2) whether different approaches to the current system of services and delivering those services could
18 reduce homelessness caused by lack of treatment; and

19 (3) whether, based on available information, it appears that different approaches have historically
20 reduced the costs related to homelessness and untreated substance use and mental health disorders.

21 BE IT FURTHER RESOLVED, that the study focus on recommendations related to:

22 (1) improving coordination and communication among health care providers, mental health providers,
23 human services providers, and law enforcement and criminal justice entities;

24 (2) strengthening of partnerships at the local levels and between centers of treatment expertise and
25 communities;

26 (3) discontinuance of ineffective practices;

27 (4) methods for collecting and sharing data across agencies that serve the same person or family; and

28 (5) additional methods for substance use prevention and education efforts aimed at children and youth,
29 particularly at those who may be at higher risk of experimenting with or becoming addicted to alcohol or illegal
30 drugs.

