

Resolution #2026-10

BEHAVIORAL HEALTH

BACKGROUND

The cities and towns of Montana are often the first point of contact for people experiencing behavioral health and substance use crises. Municipalities frequently respond through police, fire, emergency medical services (EMS), courts, and partnerships with hospitals and behavioral health providers. Municipalities fill this role by default, not because it is the appropriate or intended system, and MLCT seeks a better approach. Qualified organizations exist to adhere to the CrisisNow model — someone to call, someone to respond, somewhere to go — and MLCT supports consistent, sustainable statewide funding for these services. While law enforcement and EMS will always provide support, CrisisNow identifies mental health crisis systems, not police/EMS, as the primary responders. Local governments do not wish and are not appropriate to serve as the direct crisis response system. More comprehensive and better situated entities are equipped to provide the level of care required. We want to support these providers, not replace them.

When behavioral health services are unavailable or underfunded, local public safety and EMS agencies often become the default responders, increasing costs and straining already limited municipal resources. These impacts extend beyond police and fire, affecting all levels of local government, including city hall. Law enforcement and EMS act as the backstop for behavioral health response. While the goal is to transition individuals to a coordinated system when one exists, many communities lack appropriate resources, creating gaps that fall to local governments to fill.

Medicaid reimbursement is a critical component of funding behavioral health providers across Montana. Current reimbursement rates have not kept pace with service demand or actual costs, limiting provider capacity and contributing to the burden on municipalities. A comprehensive system that includes prevention, crisis response, treatment, recovery, and other supportive services requires stable, long-term funding. MLCT supports efforts such as the 2025 Legislature's approved 3 percent annual Medicaid provider rate increase to reduce local government cost pressures. For example, a 2021 Billings Police Department study associated 93 individuals with chronic, unmet behavioral health needs with approximately \$10.3 million in local public costs in a single year.

The Montana League of Cities and Towns supports policies that recognize the impacts of behavioral health system gaps on local governments and promote comprehensive solutions that strengthen community stability and public safety. MLCT supports both existing systems and efforts to restore services that have been reduced or discontinued, along with increased state and

federal investment. Our priority is ensuring robust behavioral and mental health resources so residents can live healthier, more stable lives. Cities and Towns want effective treatment and support long before situations escalate, emphasizing proactive care alongside crisis response. Consistent, sustainable funding for behavioral health services helps reduce pressure on local governments and improves outcomes for the people we serve.

ACTION

The League will support policies that:

1. Strengthen behavioral health systems to reduce reliance on local law enforcement, fire, EMS, and courts as primary crisis responders.
2. Promote coordination among local governments, public safety agencies, behavioral health providers, hospitals, and community partners to improve response and ensure connections to appropriate care.
3. Improve access to behavioral health services in both rural and urban communities to reduce impacts on local resources.
4. Promote consistent, sustainable funding and implementation of behavioral health systems, supporting holistic, coordinated services and reducing as the default use of law enforcement or emergency services for behavioral health crises.

SUPPLEMENTAL RATIONAL FOR RESOLUTION 2026-10