

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
52nd LEGISLATURE - REGULAR SESSION**

SUBCOMMITTEE ON INSTITUTIONS & CULTURAL EDUCATION

Call to Order: By CHAIR WM. "RED" MENAHAN, on January 14, 1991,
at 7:30 A.M.

ROLL CALL

Members Present:

Wm. "Red" Menahan, Chair (D)
Dick Manning, Vice Chair (D)
Tom Beck (R)
Dorothy Cody (D)
Chuck Swysgood (R)
Eleanor Vaughn (D)

Members Excused: SEN. GARY AKLESTAD

Staff Present: Sandra Whitney (LFA), Mary LaFond, OBPP and Mary
Lou Schmitz, Secretary.

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Announcements/Discussion: None

MENTAL HEALTH SYSTEM OVERVIEW

Dan Anderson, Administrator, Mental Health Division, Department
of Institutions, addressed the needs of the Mental Health System
by describing the clients served and some of the issues and
problems. It has been increasingly difficult to recruit and
retain well qualified mental health professionals to work in the
public mental health sector. They have a grant which allows
working with the Montana University System to secure the kind of
training they need for people to work within the system.

Exhibit 1

TAPE 1, SIDE A

Questions From Subcommittee Members:

REP. MENAHAN asked for an age breakdown of patients and Mr.
Anderson said he will get that information.

REP. SWYSGOOD asked if there were any cost or admissions
breakdown for Galen as there are for other programs to help make
comparisons and decisions.

REP. MENAHAN said in Chemical Dependency there were about 1585 admissions. Mr. Anderson said he would get an exact figure.

REP. MENAHAN asked how many psychiatrists are working with the mentally ill at the Center for the Aged. Mr. Anderson said there are none. **REP. MENAHAN** asked how many admissions have been classified as mentally ill. Mr. Anderson will explain as he reviews the chart.

Tape 1, Side A 218

REP. CODY asked why the Friends for Youth Project is only in Missoula. Mr. Anderson stated several years ago the Legislature, through some advocacy groups and Missoula legislators, directed the Department to purchase services. It is the only exception to their policy of funding community services through the Regional Mental Health System.

REP. MENAHAN asked for two breakdowns on the various services provided, such as marriage counseling for the mentally ill in group homes. Who are the 12,667 people served in 1990. Mr. Anderson said he would provide a breakdown by diagnosis.

REP. MENAHAN asked about Children/Adolescents follow-up service because Rivendell is not a state program. Mr. Anderson said the community mental health centers should be in a position to accept referrals and people coming out of inpatient facilities, such as Rivendell, should receive a high priority. The school program is another resource. Not everyone who comes out of Rivendell fits into a community mental health program.

SEN. VAUGHN met with community mental health people before Session. One serious problem is the lack of aftercare for children coming out of treatment. These children need help in making the transition back into the community. **REP. MENAHAN** emphasized a prevention program.

SEN. MANNING asked if only nine hours outpatient therapy could help anyone. Mr. Anderson said nine hours could be effective in some cases but many children need more than that.

REP. MENAHAN asked how a child is referred into the mental health system. Mr. Anderson said there are several referral sources such as the parents, Department of Family Services, schools, physicians and Juvenile Justice.

Tape 1A, 498

REP. SWYSGOOD asked if a portion of the 20% Medicaid funding source is General Funds. Mr. Anderson said yes.

REP. CODY asked why the Department will build a prison for females but send children out-of-state.

REP. MENAHAN said there is no inpatient facility that will keep a child longer than 28 days, no matter how severely ill the child is. They either go into a group home or back to the family. If there is no place for them they have to go out of state. Something has to be done between SRS and Institutions. Mr. Anderson said SRS has a utilization review function and is going on nation-wide program. In order for a child to be placed in an inpatient facility, a Utilization Review Board decides what services are needed. Plus there has to be a support system in the community.

REP. CODY asked about a new drug for mentally ill adults diagnosed with schizophrenia. Mr. Anderson said it costs about \$9,000 per year per patient. The reason it is so expensive is because an ongoing blood monitoring test is required by the drug company marketing it. There are some potentially severe side effects.

Tape 1, Side B 081

REP. MENAHAN asked why adults with disabling mental illness are in group homes only 130 days. Mr. Anderson said most group homes are transitional. The typical pattern is a patient leaves the State Hospital and is not able to live alone at that time, so will stay in a group home. From there they might go to independent living or back with their families.

REP. CODY asked why the community funding source gets federal funds and Montana State Hospital and Center for the Aged do not. Mr. Anderson said Alcohol and Drug Abuse and Mental Health Block Grant is appropriated to the Department of Institutions, and those funds can only be used for community services.

REP. SWYSGOOD asked if over 100,000 people in Montana have some type of mental disorder and how this compares to national figures. Mr. Anderson said they are based on national figures.

REP. MENAHAN said the number of people in prison with mental health problems and crimes has increased steadily. There needs to be more prevention programs. Mr. Anderson said they want to develop ongoing education programs for all communities.

Tape 2, Side A 47

ALCOHOL & DRUG ABUSE DIVISION

Darryl Bruno, Administrator, Alcohol & Drug Abuse Division introduced Norma Jean Boles, Supervisor of Quality and Standards Assurance. He explained the program, Exhibit 2, and how this system inter-relates with other systems. Brief history of the role of Federal Funds was given. Page 3, Exhibit 2.

SEN. MANNING asked if any federal grants were applied for to help with funding. Mr. Bruno said yes and are encouraging programs

applying for categorical grants. The Boyd Andrew House in Helena just received a grant to start a half-way house for youth and an intensive outpatient program for adolescents.

REP. MENAHAN asked why some prevention programs cannot be done in the schools through Montana Teens Institute. Mr. Bruno said that OPI receives funds for the school districts based on dollars. It is OPI's role to provide these programs to the schools, not the Department of Institutions.

SEN. MANNING asked if there are surveys or checks made on the prevention programs regarding their success. Mr. Bruno said they have a data base to determine what is happening. REP. MENAHAN said the best program is Montana Teens Institute but it doesn't go far enough. It should be evaluated, expanded and be given more funds. Mr. Bruno said Butte-Silver Bow community has an excellent prevention program.

Tape 2, Side B

SEN. MANNING asked about evaluation of chemical dependency repeat offenders. Mr. Bruno said 40% are repeat offenders.

REP. MENAHAN asked how many certified chemical dependency Counselors are there. Mr. Bruno said there are currently 528.

REP. MENAHAN asked if the 5,049 DUI admissions went to treatment at Galen or elsewhere. Mr. Bruno said they did.

REP. SWYSGOOD asked if the law that passed on lowering the drinking age has reduced the figure of 20%. Mr. Bruno said people are getting into treatment at a younger age. Adolescent programs address this so the law might help decrease the problem.

REP. MENAHAN asked why the Boyd Andrews treatment center in Helena is getting the youth project when other communities could provide service too. Mr. Bruno said this was a pilot project through Institutions. All drug programs in the state were encouraged to apply for a grant and only two programs applied. The only one the Federal grant funded was the Boyd Andrews center.

REP. SWYSGOOD asked how communities are notified when grants are available. Mr. Bruno said applications are sent to all approved treatment programs and prevention providers in the state.

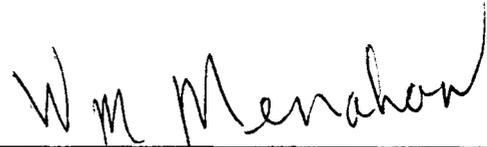
REP. MENAHAN asked why Institutions is transferring money from the Alcohol and Drug Abuse Division to Mental Health Service. Mr. Bruno said it was to save General Funds. REP. MENAHAN asked if Mental Health is now doing alcohol treatment. Mr. Bruno said the Alcohol, Drug and Mental Health Service Grant, which is a primary federal funding source for approximately \$3,000,000, has allocated so much for mental health and so much for drug treatment. There is an allowable 10% transfer that states can

elect to do.

Mr. Bruno said it is very important to provide aftercare service. **REP. MENAHAN** said Alcoholics Anonymous can provide counseling service with their volunteers.

ADJOURNMENT

Adjournment: 10:35 A.M.



WM. "RED" MENAHAN, Chair



MARY LOU SCHMITZ, Secretary

WM/MLS

HOUSE OF REPRESENTATIVES
INSTITUTIONS AND CULTURAL EDUCATION SUBCOMMITTEE

ROLL CALL

DATE 1-14-91

NAME	PRESENT	ABSENT	EXCUSED
REP. WM. "RED" MENAHAN, CHAIRMAN	✓		
SEN. DICK MANNING, VICE-CHAIRMAN	✓		
REP. DOROTHY CODY	✓		
SEN. ELEANOR VAUGHN	✓		
REP. CHUCK SWYSGOOD	✓		
SEN. GARY AKLESTAD		✓	
SEN. TOM BECK	✓		

HR:1991
CS10DLRLCALIN&C.MAN

EXHIBIT 1
DATE 1-14-91
HE Institutions
Subcomm.

MENTAL HEALTH SYSTEM OVERVIEW

COMPONENTS:

- ▲ Operations
 - Mental Health Division
 - Mental Health Planning & Advisory Council

- ▲ Inpatient Services
 - Montana State Hospital
 - Montana Center for the Aged

- ▲ Community Mental Health Services
 - Regional Community Mental Health Centers
 - Friends To Youth

Operations Component

Mental Health Division (Core staff: 4 FTE)

- ▲ Planning - Mental Health Planning and Advisory Council
 - federal and state planning requirements
 - set priorities
 - coordination with other agencies

- ▲ Quality Assurance
 - develop program standards
 - evaluate programs
 - maintain licensure
 - monitor contracts

- ▲ Research/Analysis
 - service needs
 - costs
 - program outcome
 - utilization trends

- ▲ Special Projects (2.5 FTE)
 - Human Resource Development
 - Child and Adolescent Service System
 - Mental Health Data System Improvement
 - Community Support Project

Inpatient Services Component

Montana State Hospital

- ▲ Warm Springs Campus - (state's inpatient facility for adults with serious mental illness)
 - FY 1990 ADP = 293
 - Patients Served in FY 1990 = 860
 - Annual Admissions = 750
 - Types of Admissions
 - Voluntary: 42%
 - Civil Involuntary: 35%
 - Criminal Court: 14%
 - Other: 9%
 - Average Cost Per Day = \$146

- ▲ Galen Campus
 - Chemical Dependency Services
 - Acute Inpatient Medical Services
 - Nursing Home Services

Montana Center for the Aged - (nursing home services for elderly patients with mental illness)

- ages 55 and older
- voluntary
- no appropriate local services
- capacity = 191
- FY 1990 ADP = 153
- FY 1990 Admissions = 19
 - 1 from MSH
 - 18 from communities
- Average cost per day = \$51

Community Mental Health Services Component

Regional Community Mental Health Centers

- Five Private Non-Profit Agencies
- Established by 53-21-203 MCA
- Full Range of Services - Children and Adults
- Services in 53 counties: 32 full-time
21 part-time
- Served 12,667 in FY 1990

Friends To Youth (Missoula)

- Therapy and case management for troubled youth and families
- Served 93 in FY 1990

MENTAL HEALTH SYSTEM CLIENTS

Clients served in FY1990:

Community services only =	12,125
Inpatient services only =	399
Community and inpatient services =	<u>635</u>
TOTAL =	13,159 clients served

Client Groups

- ▲ Children/Adolescents (ages 0-17)
 - ▲ Adults with Disabling Mental Illness
 - ▲ Adults with Non-disabling Mental Health Problems
- Handwritten notes:*
Based on
2017-2018
CEP

CHILDREN/ADOLESCENTS

- ▲ Estimated Prevalence of Emotionally Disturbed Children/Adolescents: 31,500
- ▲ Estimated Prevalence of Severely Emotionally Disturbed Children/Adolescents: 6,000
- ▲ Served in Mental Health System, FY 1990: 2,999

- Symptoms: Hallucinations
 Delusions
 Apathy
 Withdrawal
 Mood Shifts
- Treatment Goals: Control of Symptoms
 Rehabilitation - Home
 Job
 Friends
 Prevent Unnecessary Institutionalization
 Long Term Support - (70% in system 3 years or more)
- Institutional History of People Served
 30% have one or more inpatient admissions

 16% had one or more MSH admissions in FY 90

 Average of 3.2 MSH admissions since 1985
- Services Received by Adults with Disabling Mental Illness

MSH Services (20%)	124 days average
Outpatient Therapy (91%)	10 hours average
Outpatient Rehabilitation (57%)	293 hours average
Residential (group home) (8%)	130 days average
Specialized Outpatient Case Management (13%)	

Handwritten signature/initials

104

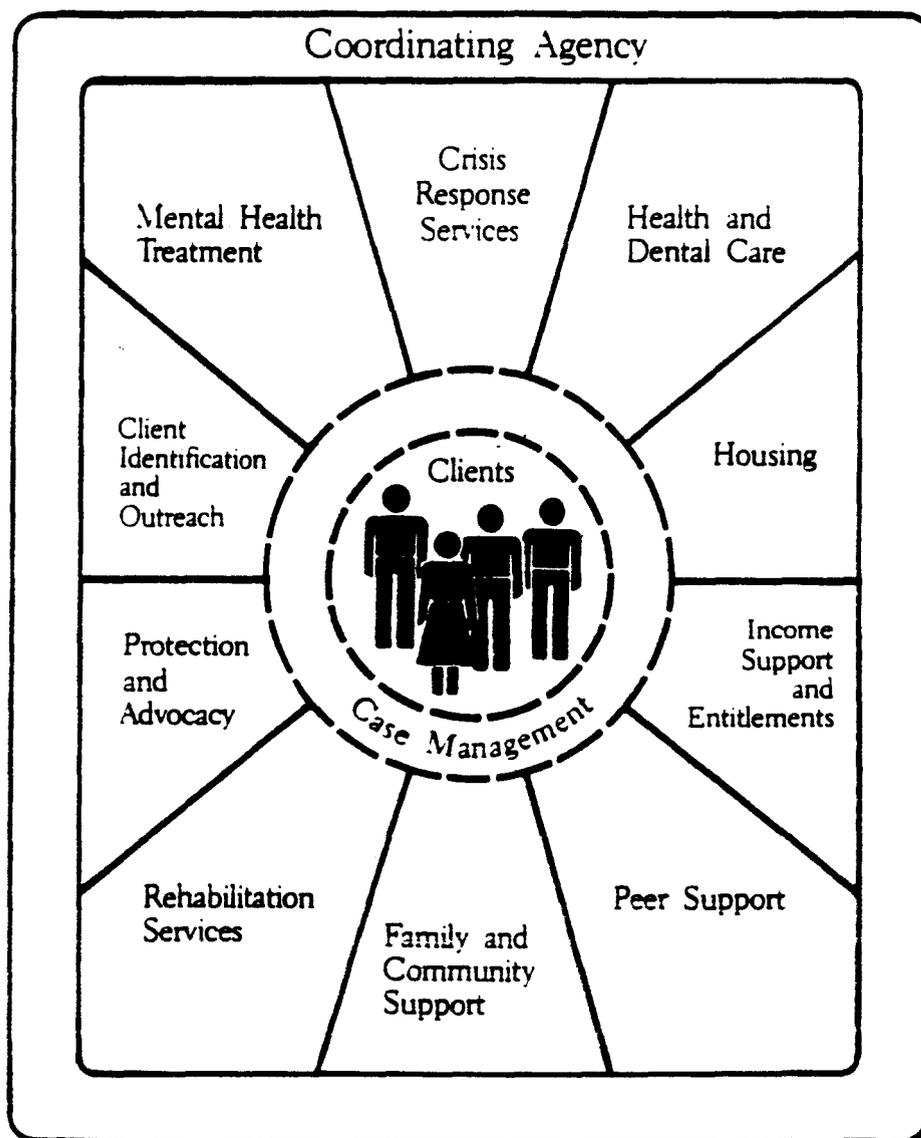
▲ Costs and Funding Sources

	<u>MSH</u>	<u>C for A</u>	<u>Community</u>
Cost/Clients Served	\$18,123	\$16,114	\$2,017
Cost/ADP	\$53,213	\$18,487	-----

D of I General Fund	95%	44%	39%
D of I Federal Funds	---	---	13%
SRS Medicaid	1%	36%	35%
Insurance / Fees	4%	20%	7%
Counties	---	---	4%
Other	---	---	2%

▲ Issues - Services for Adults with Disabling Mental Illness

1. Define and Implement a Comprehensive System of Service

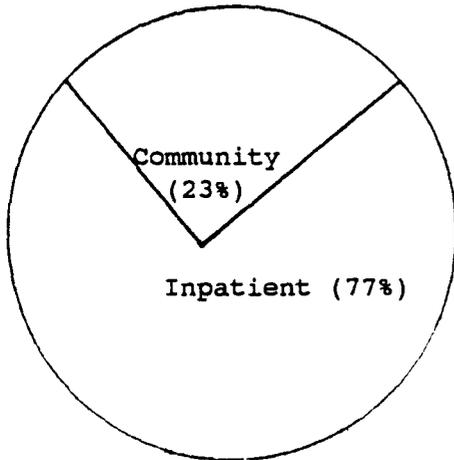


2. Balance use of resources

▲ General Fund Expenditures for Mental Health Services

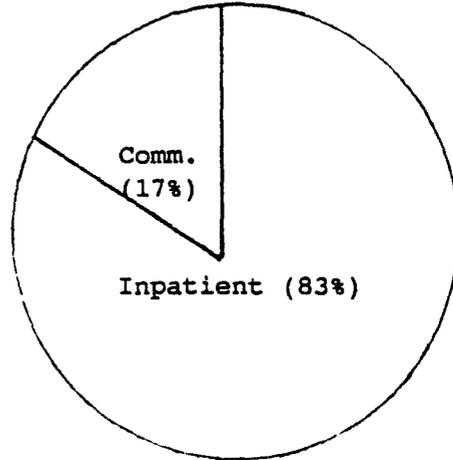
TOTAL = \$14,401,233

TOTAL = \$22,301,099



FY 80

Inpatient ADP: MSH = 330
 C for A = 186
 Total = 516



FY 90

Inpatient ADP: MSH = 293
 C for A = 153
 Total = 446

▲ Montana to National per Capita Comparison: FY1987

	<u>Montana</u>	<u>U.S. Average</u>
Inpatient	312 \$20.91	\$21.96
Community	\$ 6.45	\$12.57
State Administration	\$ 0.28	\$ 1.20

3. Program Initiatives

- Pilot Programs
 crisis intervention
 case management
- Targeted Case Management
- Family and Peer Support

Handwritten notes:
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 mala - n. 5
 - 3 - 35

4. Policy Initiatives

- more effective screening
- eliminate duplicated services (e.g. forensic evaluations)

- clarification of roles of inpatient facilities
 - who to serve?
 - what services?
 - education of legal/clinical systems
 - assure quality services
- human resource development
- broaden consumer/family involvement

ADULTS WITH NON-DISABLING MENTAL HEALTH PROBLEMS

- ▲ Estimated Prevalency: 77,500
- ▲ Served in FY 1990: 5,817
- ▲ Characteristics of Clients
 - Diagnosis: Depressive Disorders
Adjustment Disorders
Anxiety Disorders
 - Treatment Goals:
Develop understanding & methods to deal with problems
Short term therapy - (68% in system less than 3 years)
 - Services Received:
Outpatient Therapy (100%) 7 hours average
Outpatient Rehabilitation (infrequent)
MSH Services (infrequent) 473
Residential (infrequent)
Specialized Case Management (none)
- ▲ Cost of Service and Funding Sources
 - Cost: \$459 per client per year
 - Funding Sources
 - D of I General Fund 14%
 - D of I Federal Funds 9%
 - Medicaid 21%
 - Insurance / Fees 47%
 - County 6%
 - Other 3%
 - 100%

- ▲ **Issues - Adults with Non-disabling Mental Health Problems**
 - 1. **Assure Services Available**
 - rural communities
 - workforce issues

 - 2. **New Service Models**
 - groups
 - education based services
 - self-help

PRINCIPLES OF MENTAL HEALTH SYSTEM

2 540

- ▲ **Goal Directed**
 - system "vision"
 - program roles defined

- ▲ **Least Restrictive Environment**

- ▲ **Continuity of Care**

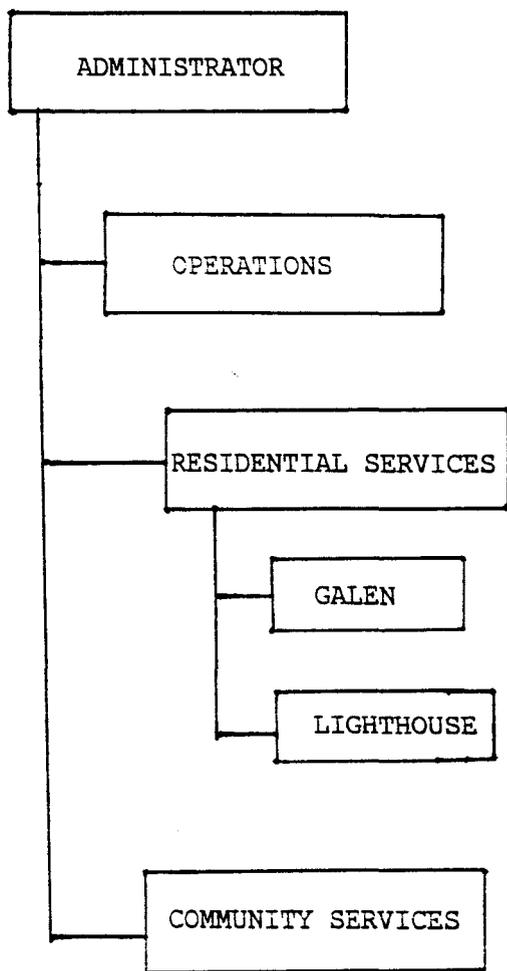
- ▲ **Expand Constituency Involvement**

EXHIBIT 2
DATE 1-14-91
HB Instit. Subcomm

DEPARTMENT
OF
INSTITUTIONS

ALCOHOL & DRUG ABUSE DIVISION

A D A D



PERATIONS - CENTRAL OFFICE

Revenue Expenditures: \$320,716

Expenditures: 48,968

Commission Administrator

Supervisor - Standards & Quality Assurance

Planning & Prevention

Classification & Statistics

Program Evaluators

Project Evaluators - Prevention Grants

Dependency Services Based on the Following

)

4-year County Plans

Access to Approved Programs & Services

Service Area

Community Needs

Treatment & Rehabilitation Services

Early Intervention

Plan - Biannual Update

Identified in Plan

Needs

State & Federal Funds

& Report of Federal Funds

Additional Services

InPt Tx - Indigent; Transitional Living;
Children with Dependent Children

FUNDING

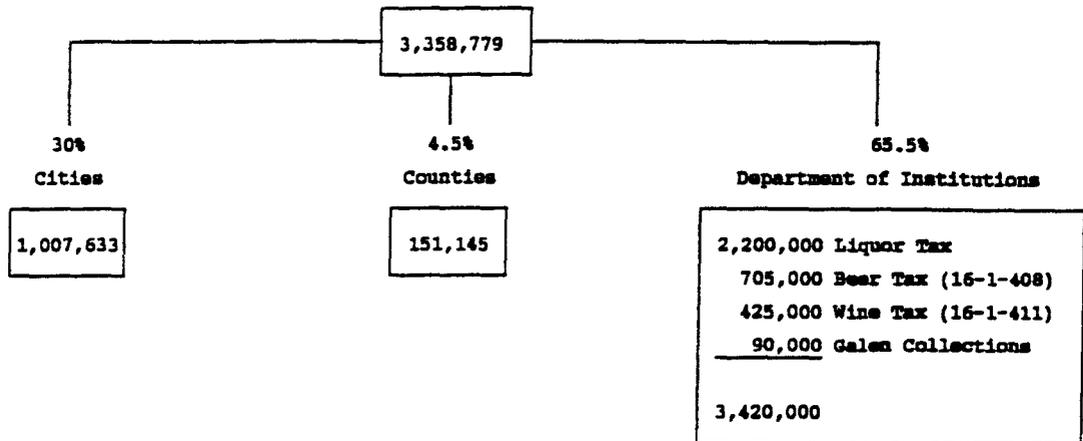
STATE	FED	FED	STATE	TOTAL	APPROPRIATIONS	COMMUNITIES
YEAR	ADMS	ADTR	FUND		TRANSFERS	10
35	3,532,000	917,000	231,000	4,680,000	2,072,000	2,608,000
36	3,750,000	918,000	215,000	4,883,000	2,142,000	2,741,000
37	3,682,000	940,000	209,000	5,458,000	2,109,000	3,349,000
38	3,466,000	918,000	215,000	5,269,000	2,152,000	3,117,000
39	3,490,000	1,941,000	215,000	5,646,000	2,252,000	3,394,000
90	3,461,000	1,938,000	215,000	5,614,000	2,560,000	3,054,000
91	3,461,000	1,938,000	215,000	5,614,000	2,632,000	2,982,000

① Includes 100,000 Reserve for Revolving Loan

② 296,000 Transfer to M.H. 1989 LEGISLATURE

FY91
 ESTIMATED
 EARMARKED ALCOHOL REVENUE

Liquor License Tax (16-1-404)



LIQUOR TAX DISTRIBUTION INFORMATION

Legislative Appropriations

Forensic Lab	197,599
CDB Administration	337,741
Pine Hills	29,607
Montana State Prison	55,390
Swan	29,137
DofI Audit	3,978
Galen	1,589,791
TOTAL	2,343,243

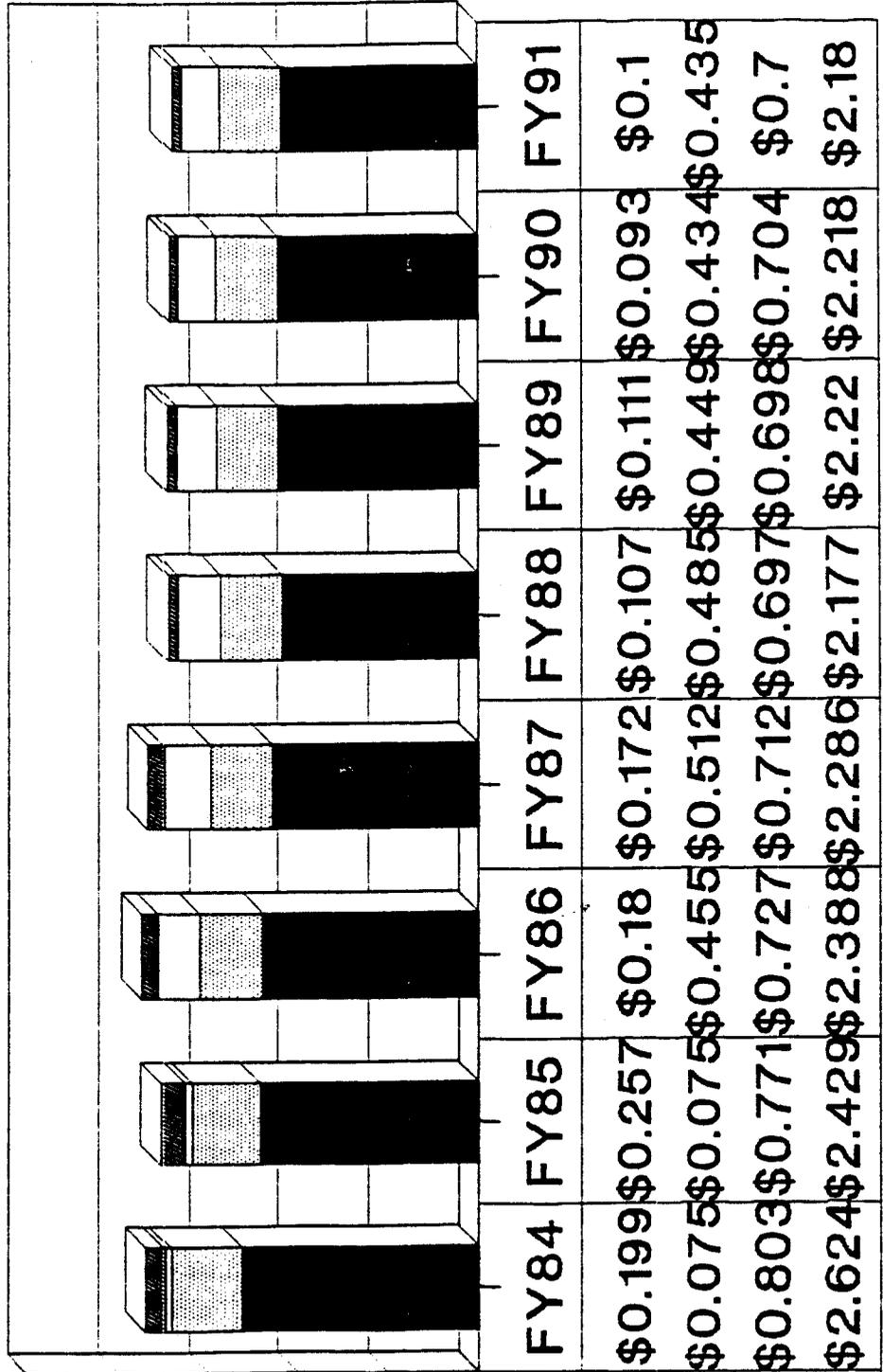
Counties 85/15 Distribution
 (85% Population - 15% Land Area)

1,076,757

<u>Liquor Taxes</u>	
<u>Total 26%</u>	
16% Excise Tax to state general fund	16-1-401 MCA
10% License Tax as follows:	16-1-404 MCA
<u>65.5% Institutions Earmarked Alcohol Fund</u>	
4.5% Counties	
30.0% Cities and Counties	
<u>Wine Taxes</u>	
<u>27¢ per liter collected from distributors</u>	16-1-411 MCA
16¢ per liter to state general fund	
<u>8.34¢ per liter to Institutions earmarked fund</u>	
1.33¢ per liter to counties	
1.33¢ per liter to cities and towns	
<u>Bear Taxes</u>	
\$4.30 per barrel	
\$1.80 to state general fund	16-1-406 MCA
1.50 to cities and towns	16-1-410 MCA
<u>1.00 to Department of Institutions Earmarked Alcohol Fund</u>	16-1-408 MCA

ALCOHOL EARMARKED REVENUE ACCC'JNT REVENUE BY SOURCE FY84 - FY91

MILLIONS



LIQUOR
 WINE
 BEER
 REIMBURSEMENT

EARMARKED REVENUE

ALCOHOL TAX DISTRIBUTED TO COUNTIES MONTHLY

COUNTIES DISTRIBUTE MONTHLY BASED ON COUNTY PLAN TO APPROVED PROGRAMS

85% - Outpatient

15% Detox & Inpatient

DISTRIBUTE ADMS BLOCK GRANT FUNDS & GENERAL FUND

FY90 - General Fund Appropriation: \$ 215,200

ADMS Substance Abuse Appropriation: 1,758,574

* MINIMUM REQUIREMENTS: 35% Alcohol Services

35% Drugs Other Than Alcohol

20% Prevention/Education

DISTRIBUTION - Community Youth Activity Demonstration & Block Grant (Prevention) Funds

Block Grant Award: FY90 \$68,500

FY91 93,500

Demonstration Grant Contracted: FY90 \$457,444

To 9 Community Programs: Average Amt: 50,827

(1 each region of the state)

PROGRAM EVALUATION & APPROVAL

AND

STANDARDS DEVELOPMENT

EVALUATION & APPROVAL - Annual On-Site Intensive Review of 34 Programs

- * Major Division Cost - Estimated 80% of 2 FTE

STANDARDS DEVELOPMENT - Quality & Quantity of Services

- * Address changes in the Law / DUI Legislation
- * Changes in Treatment Methods
- * Managed Care Via Patient Placement Criteria
- * Requirements for Intensive OutPatient (IOP)
- * More Strenuous Standards for Certified Counselors

CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

- * 528 Currently Certified - FY90 - 56 Certified

- * Registration Requirements Based on Education & Experience

3 Exams: Written Exam, Oral Exam, Tape Review

STATISTICS

- On-Site Evaluations
- Computerized Reports
- ADIS Data: Admission, Discharge, 6 Month & 1 Year Follow-up

TOTAL ADMISSIONS - FY90: 14,755*

7,480 A/D Clients

2,220 Family Members

5,049 DUI Admissions

* Plus 7,860 Assessments & Evaluations

REATMENT ADMISSIONS
DUI ADMISSIONS

FY 90

(PAGE 4 #5

Ex. 2 1/14/91
Instit. Subcomm.

	STATE TOTALS	GALEN	LIGHTHOUSE	DUI
TOTAL ADMISSIONS	7480	1586	67	5049
% FIRST ADM	73%	51%	97%	83%
% RE-ADM	27%	49%	3%	17%
MALE	73%	83%	73%	81%
FEMALE	27%	18%	27%	19%
UNDER 21	20%	4%	7%	10%
21 - 30	31%	36%	58%	34%
31 - 44	35%	41%	33%	37%
45 - 64	12%	18%	1%	16%
64 +	2%	2%	0	3%
No INSURANCE	57%	80%	99%	NA
UNEMPLOYED	64%	88%	84%	33%
ALCOHOL	73%	95%	12%	NA
MARIJUANA	12%	1%	33%	
COCAINE	6%	1%	24%	
OTHER	9%	3%	31%	
SECONDARY PROBLEM	50%	38%	94%	NA
WHITE	80%	80%	84%	87%
NATIVE AMERICAN	17%	17%	13%	11%
OTHER	3%	2%	2%	1%

CHEMICAL DEPENDENCY TREATMENT SYSTEMS

34 State Approved Programs in 68 Locations

- 2 - Detoxification
- 5 - Inpatient Hospital
- 9 - Inpatient Freestanding
- 2 - Intermediate (TLF)
- 24 - Outpatient * Services Available in Every County
10 Provide Intensive Outpatient
- 24 - DUI Court Schools

CHEMICAL DEPENDENCY TREATMENT SYSTEM

MODALITY	COMMUNITY SERVICES	STATE INSTITUTIONS
<p>Detoxification - clearing the system of toxic effects of alcohol/drugs (1-3 days when needed)</p>	<p>1 detox program - 6 beds plus all 5 inpatient hospital and 7 inpatient free standing programs provide medical and social setting detox</p>	<p>.1 detox unit in the Acute Care Wing at Galen .Total admissions 1,586 only 14 qualified as needing medical detox 350</p>
<p>Inpatient - structured mileau therapy for persons requiring 24-hr. supervision (10-20 hrs. group 1-1 counseling and 7-12 lectures per week)</p>	<p>300 beds total provided by 12 programs .5 inpatient-hospital .7 inpatient-free standing .57% bed utilization average .offer variable length of stay .3525 bed days at 3 program were contracted at a cost of 73.60 per day in FY90. FY90 admissions - 1,664</p>	<p>.87 beds total Galen .72 beds-Alcohol Service Ctr. .15 beds - Lighthouse .8 beds @ ASP and 5 beds .Lighthouse for inmates .Both inpatient free standing .28 days @ ASC .90 days @ Lighthouse FY90 admissions ASC - 896 FY90 admissions LH - 67</p>
<p>Intensive Outpatient 10-30 hours of structured treatment services per week for a duration of 4-6 weeks followed by aftercare in outpatient</p>	<p>10 programs operational 12-31-90 15 programs operational 1-31-91 *provided in all communities with a population over 30,000 *preliminary research indicates IOP is as effective as inpatient & 80% of all clients can benefit from this service.</p>	<p>Not Provided [Plan to expand correctional services to provide IOP in a residential/correctional setting]</p>
<p>Intermediate (halfway house/transitional living)</p>	<p>.2 programs approved and 1 program being developed .length of stay 90 days</p>	<p>Not Applicable</p>
<p>Outpatient must provide at least 2.5 contacts per month</p>	<p>21 programs statewide services available in all 56 counties. The dept. contracts for 999 alcohol clients & 416 drug clients - total - 1,415</p>	<p>3 correctional programs at: .MSP .Swan River .Pine Hills</p>

CHEMICAL DEPENDENCY TREATMENT SYSTEM
Continued

MODALITY	COMMUNITY SERVICES	STATE INSTITUTIONS
Chemical dependency educational courses DUI/MIP DUI/ACT 3 level process Level 1-A - Assessment Level II C - Course Level III T - Treatment	24 programs providing DUI court school. .DUI services available in all counties.	Not Applicable
Total programs 34	29 approved chemical dependency programs statewide in 64 locations .3 county government program .21 not for profit .5 private for profit	5 approved chemical dependency programs in 4 locations .all state funded

MAJOR ISSUES

STRENGTHS

- * Evolution of Chemical Dependency Treatment System to Comprehensive, Effective and Sophisticated Treatment Models, Provided by Certified Counselors
- * Well Established Evaluation Process to Determine Compliance, which Generates Meaningful Data
- * Knowledge Gained From Collective Experience
- * Grassroots Prevention Efforts Reducing Stigma
- * Effective Alternative Treatment Modalities - i.e., IOP; Variable Length of stay (2x4, etc.), Day Treatment and Aftercare
- * National Research Focusing on use of the Least Restrictive Modalities

PROBLEMS

↓
▼ Declining Revenue Compounded by Increased Restrictions

▲ Increased Demand

- * Legislative Mandates, i.e., Mandatory Tx for Repeat DUI Offenders & Project Work Clients
 - * Criminal Justice Referrals
 - * Increased Caseloads Statewide
 - * Greater Demand for Intensity of Services in OP Programs (IOP)

Insurance Crisis

Appropriation of Earmarked Tax Revenue for Additional State Services

- * IOP in Correctional Facilities
- * Dept of Justice - State Lab
- * CD Counselors and Nurses at WSSH

Transfer of ADMS Substance Abuse Funds, i.e., to Mental Health 5/2

* 7 = 0 = 1

PROACTIVE SOLUTIONS

* Initiate Managed Care Policies

GOAL: Encourage the Most Appropriate, Necessary, Effective and
Cost Effective Utilization of Services via Patient
Placement Criteria & Utilization Review

IMPLEMENTATION: Review By Residential Coordinator, Utilizing
Nationally Recognized Criteria, To Determine
the Most Appropriate Level of Care

* Promote Cost Efficient Services When Appropriate, i.e., IOP

* Ensure Expanded Use of Aftercare Services

* Assist Correctional Facilities in Developing IOP Tx Within the
Facility & Ensure Aftercare Services

* Protection & Retrieval of Earmarked and ADMS Substance Abuse Funds
for Chemical Dependency Treatment Services