

MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

March 26, 1977

The thirty-second meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Stan Stephens in Room 405 of the State Capitol Building on the above date at approximately 11:00 A.M.

CONSIDERATION OF HOUSE BILL 338: Chairman Stephens turned the meeting over to Representative Lynch who explained his bill as one which would allow the counties to determine a person's eligibility for Medicaid. He said this is not in violation of federal law.

Pat Melby, Director, SRS, testified that he asked Representative Lynch to sponsor this bill because of a previous problem they found. Because of that problem, his department now asks for this legislation so counties can double-check the federal determination for supplemental Social Security (and automatic Medicaid). The error rate of the federal agency in these programs is 25 percent; this legislation would allow counties to make final determination on Medicaid eligibility.

Rod Gudgel of the Montana Nursing Home Association, testified his Association supports this bill as written.

No other persons appeared as witnesses on this bill.

Questions from the Committee covered these areas:

- 1) There is a ceiling on income or resources applicants can have and still qualify for help.
- 2) Social Security establishes guidelines for these programs.
- 3) This bill would change the language which states the federal eligibility determination cannot be questioned.
- 4) Fiscal note states a possible savings could result.
- 5) If this bill is passed, federal people would not complain because they now know states are unhappy with federal effor rate.
- 6) SSI is composed of 100 percent federal funds, however, Medicaid is 60 percent federal, 40 percent state funds.

The hearing was concluded on HOUSE BILL 338, with NO ACTION BEING TAKEN.

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CONSIDERATION OF HOUSE BILL 480: Chairman Stephens introduced Representative Bengston who explained her bill as one which would revise the laws concerning community mental health. Bengston said there would be seven changes in the law which she then explained to Committee members. She said there are two substantive changes in the law by this legislation: 1) Increase State funding from 50 percent to maximum of 90 percent, and 2) Manditory participation of counties (10 do not now participate).

There were numerous people testifying on this bill, specifically:

1. Joyce DeCunzo, Mental Health Advisory Council(?)
2. Jim Johnson, Governor's staff
3. John Nesbow, Community Mental Health Council
4. Phillip Powers, Bureau of Mental Health, Dept. of Institutions
5. Dr. Bryce Huggett, Regional III Mental Health Center, Billings
6. Clyde Cromwell, Board Chairman, Region III Mental Health Center
7. Joy Wicks, Montana Mental Health Association
8. Dan Mizner, representing self
9. Greg McGurdy, Montana Association of Counties

Joyce De Cunzo, supports this bill on behalf of her Department. DeCunzo explained their stand on the bill with two hand-outs (see Exhibits "A" and "B").

Jim Johnson, representing the Governor, supported the bill, especially the mandatory participation provision.

Jim Nesbow supported the bill (see Exhibit "C").

Phillip Powers supported the bill (see Exhibit "D").

Dr. Bryce Huggett testified in support of the bill (see Exhibit "D"). Hewett said otherwise, all citizens do not have access to Mental Health Centers (meaning the 10 counties not participating).

Clyde Cromwell testified in support of the bill because his Board of South Central Montana Regional Mental Health Center passed a motion in support of HB480, specifically including the provisions of up to 90 percent state funding and also the mandatory county participation.

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Joy Wicks testified in support of the bill, and lending her support to the testimony already given.

Dan Mizner, speaking as a private citizen, spoke in opposition to the bill, on the grounds that, as this is set up, a citizen has no vote, no recourse. Mizner maintains there must be some responsibility to an elected official. To that extent he proposed the following amendments (see Exhibit "E").

Greg McGurdy opposed the bill on the basis of the mandatory participation and the 90 percent funding is unlikely if you take into consideration the appropriation measure coming out of the House. McGurdy said, as Mr. Mizner, that he objects to the lack of citizen recourse and that the bill would remove the budget control and that is not good. Mr. McGurdy said he would support the bill if the Committee adopted Mr. Mizner's amendments, so the two substantive changes are eliminated. He does not think this legislation is in the best interests of the taxpaying citizen.

Representative Bengston closed by saying she thinks it is the State's responsibility to adequately fund the Community Mental Health Centers, considering the de-institutionalization program. Bengston added that, in those 10 counties not participating, only those in dire need are being taken care of, and that's not right.

Questions covered the following:

- 1) A non-participating county as well as a participating one, can change their minds at any time.
- 2) Twelve basic provisions that were mandated by federal law versus original 5.
- 3) There are a number of the non-participating counties which feel their dollars would not get good service.
- 4) On line 13, page 1, "any public service . . ." would quite likely include private as well as public - although the Bureau of Mental Health never has taken the stand of regulating private hospitals - it would be an interesting point to interpret.
- 5) Payments are made by patient according to a sliding scale which varies from center to center - the maximum charge could be as high as if a person went to a private practitioner if he is able to pay.

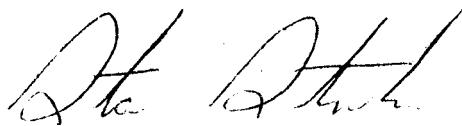
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6) Funding up to 90 percent - they are very close to 50 percent level now and have gone over that figure in their budgeting for next time period - breakdown is: federal, 1/3 - state, 1/3 to 1/2 - local monies remaining percentage.

7) The State will have continuing responsibility for those patients coming out of Warm Springs.

Chairman Stephens interrupted questions because of time, and concluded the hearing on HOUSE BILL 480, with NO ACTION BEING TAKEN.

ADJOURNMENT: The Chairman adjourned the meeting.



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STAN STEPHENS, Chairman

ROLL CALL

## PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

45th LEGISLATIVE SESSION - 1977

DATE: 3/26

3/26

## T E S T I F Y I N G

NAME: \_\_\_\_\_

## REPRESENTING:

ON BILL #

## SUPPORT, OPPOSE OR AMEND?

(Please leave any prepared statement with Secretary)

Mont. Mental Health Assn.	480	Support
Mont. Health Advis	480	Support
Mont. Mental Health Assn.	480	Support
Mont. Assn. of Counties	486	Support
Rod Gudgel	338	Support
Reid F. Jackson	480	Support
John St. Resor	480	Support
Wade G. C. Committee	480	Support
George Hughes, M.D.	480	Support
Paul W. Myrick	480	amend opposition
Rock of Gibraltar Region 7 MHC	480	Support
W. D. Vold Ch. Reg. Comit MHC	480	Support

DATE

3/26

COMMITTEE ON

BILL NO. B1180

**VISITOR'S REGISTER**

#

E X H I B I T "A"

CHAPTER SIX

MANAGEMENT STRUCTURE

56. *County participation in mental health funding must be mandatory.*

Several counties in the state do not participate in Community Mental Health Center systems. Although non-participating counties are assessed charges on a per patient basis, the residents of these counties may be denied the immediate access to services received by residents of participating counties. There is a need for consistency in financial participation and delivery of mental health services to all residents of the state. Mandatory county participation would equalize the funding for mental health facilities among regional counties, and provide a mechanism for effective local control.

Montana law establishing Community Mental Health Centers also establishes a special levy authority, to be used by county executives, to fund mental health participation. The Commission on Local Government has recommended that this section of the law be repealed and that a state-wide, all purpose levy be substituted. In the event the existing special levy authority is repealed, the Council recommends that all counties be required to fund their share of mental health costs from another source. In cases where new forms of local government have been or will be adopted, mandatory participation should apply.

57. *There should be an established ratio of state-county funding.*

There are presently five major revenue sources for state/county mental health funding: (1) federal grants, (2) state funds, (3) county taxes, (4) fees for services and (5) third party payments. A basis of cost sharing should be formulated, which would define state and county financial requirements. Federal grants, excepting construction grants, should be applied to the state's contribution to cost sharing, unless the terms of a particular

E X H I B I T "B"

B

Illustration of Regional Budget for Community Mental Health Centers  
FY 1976  
(Assuming 35%, 10% County Share)

REGION	County Share *		**Minus fees for service & other sources	County revenue required		(Net mills required Regional Average)
	35%	10%		35%	10%	
I	212,073	60,594	72,969	139,104	(-12,375)	.41
II	432,657	123,644	104,845	327,812	18,799	1.30
III	341,502	97,571	148,990	192,512	(-51,419)	.68
IV	244,468	69,845	58,037	186,431	11,808	.71
V	220,031	62,782	103,056	116,975	(-54,193)	.53
						-0-

\* Figures taken from county share of funding assuming 35%, 10% mandatory county participation (See Appendix D)

\*\* Includes interest income, contributions, other sources and fees. The reserve withdrawals which are probably

non-recurring have been disregarded for the purpose of this projection.

\*\*\* Figures developed from the value of one mill region-wide (See Appendix D)

EXHIBIT "C"

(D)

THE STATE COUNCIL OF MONTANA COMMUNITY MENTAL HEALTH CENTERS HAS TAKEN THE POSITION OF SUPPORTING HB-480. THE INCREASED DEMAND OF COMMUNITY MENTAL HEALTH SERVICES DUE TO THE INAPPROPRIATELY PLACED PEOPLE RETURNING TO THEIR COMMUNITIES, THE LOCAL DEMANDS BY THE COURTS FOR EVALUATIONS AND THE DEMAND FOR SERVICES BY OUR RESIDENTS, MAKES IT NECESSARY FOR AN INCREASED LEVEL OF FUNDING FROM THE STATE. PRESENTLY THE LAW ONLY Allows THE STATE TO FUND 50% OF THE TOTAL MENTAL HEALTH CENTER BUDGETS. IN ORDER TO MAINTAIN CURRENT LEVEL SERVICES, A HIGHER PERCENTAGE MUST BE ALLOWED.

I WOULD LIKE TO CALL TO YOUR ATTENTION PAGE 7 LINES 8-9-10-11. IN THE HOUSE COMMITTEE THIS WAS AMMENDED FROM SHALL PARTICIPATE TO MAY PARTICIPATE. THEN APPARENTLY RE-AMMENDED TO SHALL ON THE HOUSE FLOOR. UNDER THE PRESENT LEVEL OF FUNDING, IF THE NON-PARTICIPATING COUNTIES ARE MANDATED INTO THE PROGRAM THE INCREASED BIENNIAL COST TO THE CENTERS WOULD BE \$801,925. WITH NOT ENOUGH FUNDS AVAILABLE AND SERVICES INITIATED INTO THESE COUNTIES, WE WOULD BE SPREADING OURSELVES SO THIN, AND CUTTING SERVICES IN AREAS ALREADY ESTABLISHED, THAT WE WOULD BE JEOPARDIZING OUR WHOLE PROGRAM. SO WE URGE YOU TO TAKE CAREFUL CONSIDERATION OF THE PORTION OF HB-480 MANDATING PARTICIPATION. THE DILUTION OF PRESENT SERVICES CAUSED BY THIS PROVISION WILL RESULT IN NON-COMPLIANCE WITH STATE AND FEDERAL LAW AND PLACE ALREADY LIMITED SERVICES IN AN IMPOSSIBLE POSITION.

IN CLOSING I WANT TO EMPHASIZE WE SUPPORT HB-480 WHICH WILL ALLOW SUFFICIENT STATE FUNDING SO WE CAN PROVIDE NECESSARY SERVICES REQUIRED BY THE RESIDENTS OF THE STATE OF MONTANA.

E X H I B I T "D"

HEALTH AFFAIRS COMMITTEE ~~CHAMBER~~

Action Paper For Chamber Board

By unanimous affirmative vote the following motion was passed at the Health Affairs Committee Meeting of the Billings Chamber of Commerce on March 17, 1977:

Be it resolved that the Billings Chamber of Commerce support at the public hearing of the State Senate Public Health, Welfare, and Safety Committee, H.B. 480, a bill "To Generally Revise the Laws Concerning Community Mental Health Centers; Amending Sections 80-2801 through 80-2804, R.C.M. 1947" passed by the State House of Representatives.

THE GOAL: Equal access to health care for all citizens is a national, state and local priority. The Health Affairs Committee accepts this as a long term local goal.

The PROBLEM: At present in Montana, 10 of the 56 counties are non-participating in community mental health programs. The present statute makes participation optional. The citizens of non-participating counties do not have equal access to such services.

Also, the present statute limits the amount of state financial support to no more than 50% of the annual budget of mental health centers even though mandated services largely replace previously entirely state financed ones.

THE SOLUTION: H.B. 480 amends the present statute by requiring all counties to participate and allows for up to 90% funding from the state.

IMPLEMENTATION: If the Billings Chamber of Commerce Board concurs, Bryce G. Hugheatt, M.D., a member of the Health Affairs Committee, will attend the subcommittee hearings tentatively set for Saturday, March 26 to support this position.

*Approved by Chamber Co. Comm. 22 Mar 77*

HIGHLIGHTS OF MONTANA'S  
MENTAL HEALTH PROGRAMS

HISTORICAL REVIEW . . . .

. . . . . HURT → HOLD → HELP . . . .

In Montana, our historical background in mental health treatment has tended to parallel that of the nation as a whole in a progressive movement from hurt to hold to help! Two hundred years ago, the mentally ill or retarded were considered lunatics who were banished from their communities by being hidden in cellars, stoned, burned or, perhaps most cruelly, were sent into the wilderness to fend for themselves.

In the mid-19th century, we progressed from hurt to hold, as hospitals for "the insane" became a basic institution in the care of the mentally ill. It would not be for yet another hundred years that major new treatment concepts would introduce a new era of help.

In the early 1930's, shock treatment and psychosurgery and psychotherapy (talk treatment) emerged -- to be followed in the early 1950's by the introduction of psychotropic drugs that were effective in reducing the outward symptoms of the psychiatric patient. While much of the past is outdated now, these gradual changes were a necessary part of the formulation and development of the present day treatment of the mentally ill in Montana.

The first mental hygiene clinic in the State started in 1948 as an outgrowth of the State Hospital and provided primarily outpatient care. Montana's first community mental health center was opened in 1968 in Miles City but it was not until 1972 that the five basic services of inpatient, emergency, day care, outpatient and consultation/education were actually in effect in three catchment areas. By 1975, all five regions of the State were federally funded and providing these basic services to our total population.

WHY HAVE MENTAL HEALTH PROGRAMS . . . .

. . . . WHO IS SERVED?

Montana, like the rest of the nation, has always had citizens who have found the stress in their lives more than they could handle. Consider a few statistics that are typically an indication of personal and community stress:

- The number of marital dissolutions in Montana has set a new record each year since 1971. In 1974, there were 3,611 divorces directly affecting the lives of 4,470 children.
- The number of suicides in Montana increased from 108 in 1973 to 122 in 1974 (13% increase).
- The number of client intakes (admissions) to the various alcoholism programs throughout the State increased from 6,115 in 1975 to 7,529 in 1976.

E X H I B I T "E"

PUBLIC HEALTH COMMITTEE, Monday, March 28th

AMENDMENTS PROPOSED ON HB480 (by Dan Misner in Hearing Saturday, the 26th)

1. Amend page 5, section 4, line 20:

Following: "corporation."

Insert: "and approved by the county commissioners."

2. Amend page 6, Section 4, line 3.

Following: "region"

Insert: "for approval"

3. Amend page 7, Section 4, line 9.

Following: "~~MAY~~"

Strike: "~~SHALL~~"

Insert: "may provide to"

REGION III



## South Central Montana

### Regional Mental Health Center

MAIN OFFICE ADDRESS: March 25, 1977

45 North 29th  
Billings, Montana 59101  
Tel: 252-5650 anytime  
or 252-5658 during working hours

#### TELLITE CENTER ADDRESSES:

Neighborhood Counseling Center  
18 Montana Ave., Rm. #10  
Billings, Montana 59101  
Tel: 252-6518

Project Grants Community Hospital  
15 Timber, Montana 59011  
Tel: 932-2132

Peter Community Hospital  
Columbus, Montana 59019  
Tel: 322-5834

9 West Division  
Cirdin, Montana 59034  
Tel: 665-1049

East 9th/Box #482  
Red Lodge, Montana 59068  
Tel: 446-2500

3 First West/Box #265  
Roundup, Montana 59072  
Tel: 323-1142

94 Division Street/Edison Bldg.  
Billowton, Montana 59036  
Tel: 632-4508

11 South High/Box #44  
Billstown, Montana 59457  
Tel: 538-3026

Judith Basin Courthouse  
Sandpoint, Montana 59479  
Tel: 566-2211

Petroleum Courthouse  
Innert, Montana 59087  
Tel: 429-4555

Senator Stan Stephens, Chairman  
Public Health, Welfare, and Safety Committee  
Montana Senate  
Helena, Montana 59601

Dear Senator Stephens:

The Board of South Central Montana Regional Mental Health Center, during their regular meeting this date, passed a motion in support of House Bill 480, specifically including the provisions of up to ninety percent state funding and requiring mandatory county participation.

We hope your Committee will recommend "do pass" for this Bill in such form.

Very truly yours,

*Clyde A. Cromwell*

Clyde A. Cromwell  
Board Chairman

*Otto Jensen*  
Otto Jensen, Vice Chairman

*Alice Adams*  
Alice Adams

*John H. Leuthold*  
John Leuthold

*Art Klind*

*Larry Winson*  
Larry Winson

*Ed Miller*  
Ed Miller

Robert Notten

*Robert Notten*