

MINUTES OF THE MEETING OF THE JOINT APPROPRIATIONS
SUBCOMMITTEE ON INSTITUTIONS - MENTAL HEALTH CENTERS
February 2, 1981

JACK K. MOORE, Chairman, called the meeting of the Mental Health Centers to order at 8:03 a.m. in Room 108, Capitol Building. All committee members were present.

Testimony was given by Frank Lane, Region I, Director; Bryce Hughett, M.D., Region III Director; David Briggs, Region IV Director; G. Clark Anderson, Region V Director; Evan Crandell, Region II Director; Dick Hruska, Business Manager Region II; Mr. Harold Gerke; Ray Hoffman, Fiscal Analyst.

MR. BRIGGS, Director of IV, stated the regional directors have attempted to develop a method for purchase of service, EXHIBIT 54. He noted the six services the centers are mandated to provide by the state, on Page 1. He stated on Page 2, two salary positions are compared. Page 3 lists the definition and description of the specific services.

THE CHAIRMAN stated the method of contract will be worked out with the Department of Institutions and each of the Regional Directors. It appears the Director can have a contract worked out with one of the regions possibly by July 1, 1981. The others will have to be worked out at a later time.

MR. LANE, Region I Director, handed out EXHIBIT 53. He stated Region I covers 17 counties with 100,000 people and a lot of traveling is needed. He covered the offices location in that region. He feels the contract for service will increase, because of the energy development in that area. He explained Page 8 refers to internal accountability, and Page 9 also explains the accountability to other areas. He noted there are 24 programs performed by the computer, and the computer costs per year is around \$17,000, which the state paid \$2,844 of that last year.

MR. CRANDELL, Region II Director, explained his region covers eight counties, 125,000 square miles, and served about 150,000 people. There is an office in each of the counties. He stated they have built up a good care unit and last year took care of 219 people at a cost of \$531,000. He explained when a person is released from Warm Springs, his region has worked out a plan with the Salvation Army to allow men to receive care with very little cost to the center. If the person can relate to others, then he is put into one of the working units so that interaction may occur. Region II program has come to the attention of the National Mental Health Association and will be written up as a program that works. He stated they have also been able to do forensic evaluations in the community, rather than send the patients to Warm Springs.

DR. HUGHETT, Region III Director, handed out EXHIBIT 55A, 56A and 57. He stated Region III is accredited by JCAH. They are

proud of this, although at the present time there is no increased reimbursement by being accredited. He explained the quality assurances of a good program: (1) hiring good people that are qualified, experienced, and (2) proper diagnosing is necessary. He explained EXHIBIT 59 for cost analysis for travel. EXHIBIT 60 is the cost-benefit analysis for the computer system and EXHIBITS 60A and 60B. He stated in Montana there is a recruiting problem and national recruiting is necessary. He feels quality service is important.

THE CHAIRMAN asked how much it costs to have the region JCAH accredited. DR. HUGHETT stated the last survey was less than \$7,000 for two years. He noted there will be a survey in May and the cost will be around \$8,000 for two years. There is staff time involved in accompanying the survey. He stated they can monitor the staff time for the next survey.

THE CHAIRMAN asked if the Department of Institutions was in agreement with the JCAH accreditation. MR. BLOUKE stated that during the Department's allocation, cost for the JCAH accreditation was excluded. DR. HUGHETT stated they did not use state funds for this purpose. He feels at the state level, there is not anyone that appreciates the insuring of quality. He stated what they operate is medical services and the liability in his case is over four times that of the psychologist. The state does pay his dues and fees, since he does not have a private practice.

MR. ANDERSON, Region V Director, stated his region serves seven counties with a population of 200,000 residents and a total of 56 staff. He noted 25% of their budget goes toward the after-care clients. He stated they have about 3,500 cases a year. They have a children's unit in Missoula designed to work specifically with children. He stated they contract for computer service in their area and this runs approximately \$2,000 a month. His board follows the state salary matrix very closely.

THE CHAIRMAN stated two representatives have indicated the Friends of Youth program is working very well in Missoula, and they indicated concern over not getting assistance from the Mental Health Center.

MR. ANDERSON stated if there has been an issue in regard to their services, it would probably be the fee schedule. 25% of the budget is derived from client fees. He noted there are some people who want free services, and he stated they work very hard to generate fees.

THE CHAIRMAN asked about the in-state air travel for Region III for \$4,000.

MR. SPOLYAR, Business Manager Region III, stated the in-state travel represents about one trip a month from Billings to Helena. At least three people came to the meeting and it is less costly to charter a flight.

MR. HOFFMAN, LFA, asked about the 16.9% increase in the Personal Services area between 80 and 81, since the state employee receives 6%.

MR. SOUTH stated if the increase is above the state increase, then this will be looked into.

THE CHAIRMAN asked the LFA, the Budget Office and the Department to look at the salaries and the budget, so that any discrepancies can be corrected. He felt there should not be different ranges in salary between the regions. MR. SOUTH stated they cannot prohibit the regions from paying more than the pay plan, but the Department can indicate they will not pay for any additional salaries.

REP. CONROY asked MR. LANE about the number of patients treated.

MR. LANE stated last year 1,734 were new patients, with a total number of treated patients in FY 80 of 2,339.

REP. CONROY asked what happens to the accountability reports.

MR. LANE stated 12 of these reports are used to report to the Department of Institutions for MIS reports, and others are used for internal accountability.

REP. CONROY asked about DR. PETERSON indicating that sometimes he would take a trip, and a patient wouldn't show up, and what can be done to rectify this.

MR. LANE explained the case loads do vary when you go to an outlying district. He stated they do not travel if they don't have people to see, several people are set up for that day. Along with seeing patients, there are agencies that must be called on. He agreed if that was the case, that was a waste of time.

SEN. JOHNSON asked why there are two offices in Miles City.

MR. LANE stated there was a site review by the Department of Institutions, and it was recommended at that time the administrative staff be separate from the clinical staff. If they remained in the clinical office, some offices would have to be closed. He stated the difference in the convent rent is 10 cents a square foot, the other building is 36 cents a square foot. They do pay the utilities which run about \$100 a month.

SEN. JOHNSON asked why there were nine secretaries shown.

MR. LANE stated there is one secretary in the administrative office, three in the clinical offices, 1/2 secretary in Malta, 2 1/2 secretaries in Glasgow, a 1/2 time in Plentywood, one secretary in Sidney, two secretaries in Glendive, 1/2 secretary in Colstrip and 1/2 secretary in Forsyth. He then explained the administration staff's duties.

SEN. JOHNSON asked what the conference and moving expenses were.

MR. LANE stated they did recruit a 1/2 time psychiatrist. He stated there are not a lot of continuing education opportunities for the staff, so the board has set up a schedule for continuing education for the staff based on their grade plus \$45.00. There is a minimum of \$350 per year. He stated their philosophy is that the higher grade people can help train the lower trained people. In order to compete in hiring, the region pays half of the moving expense up to \$500. Recruiting is line-itemed in the state accounting manual.

SEN. JOHNSON asked if they pay for the interviewing expenses.

MR. LANE stated they pay 1/2 of the interview expenses, up to \$250 if you take the job and stay with the region one month, then the other half will be reimbursed.

SEN. JOHNSON asked what is in the Contracted Service area.

MR. LANE stated there are two main areas for Contracted Services, the Northern Cheyenne and the Fort Peck Tribal Health Board. His region enters into a contract with the two tribal health boards. The clinical staff has a native American health worker to help service the local residents. He listed the other Contracted Services, including insurance, IBM, janitorial, license fees, physician and internship program, legal expense, and audit expense.

SEN. JOHNSON asked what was paid in Other Expenses.

Region I's business manager stated dues, subscriptions, recruiting, relocation, CSP people's personal needs.

SEN. JOHNSON asked if his region pays any benefits in excess of the state plan.

MR. LANE stated their board policy is to pay 80% of the basic family insurance plan.

SEN. JOHNSON asked if his region does the alcohol counseling.

MR. LANE stated 5% a year involves alcohol and drug counseling. He noted they do have a policy not to duplicate services, so anyone with this problem does get referred. The reason for the 5% is they see them before they can be referred.

SEN. JOHNSON asked how the money passes through the agency to the satellites.

MR. LANE stated it is figured as one total budget; there is no pass through involved. He stated according to the state plan, they must have a fulltime mental health professional in any county over 5,000 residents, which they do have. He noted the federal law has a criteria for service accessibility. The board reviews the budget, then it is sent to the Department of Institutions. There is no modification to that budget without the boards' and departments' permission.

MR. BLOUKE stated Form 1000 does reflect how the Center has allocated the funds.

REP. CONROY asked how much rent is paid per month for all the offices.

MR. LANE stated in the Miles City office, the rent is \$636 per month; Malta, free; Plentywood, free; Forsyth, free; Scobey, free; Colstrip, free; Circle, free; Wibaux, free; Baker, free; Broadus, free; Wolf Point, \$175; Sidney, \$289; Miles City clinical office, \$1,032; Glendive, \$1,258; Glasgow, \$700; Terry, \$25; Ashland, \$20 per month.

REP. CONROY asked about the Women, Infant and Children Program and the Health Center's relationship.

MR. LANE stated the relationship is that they rent a couple of office spaces from the Center. It gives good visibility to the population. He noted this is not their program.

SEN. JOHNSON asked for a breakdown of administrative and staff travel.

MR. LANE stated there is one staff car and they traveled 98,630 miles last year. Most of their travel expense was \$9,000, and \$1,420 for air fare or commercial rate for Dr. Waterman, the psychiatrist, who is around seventy, to travel extensive distances. He noted in administration, they traveled 12,689 miles, and gave the breakdown for the administration and board travel. He explained this amount pertains to traveling around the region, for the three administrators.

SEN. JOHNSON asked what was spent on out of state travel.

MR. LANE stated last year he went to Fargo, North Dakota, for a regional meeting, and also to San Francisco, California, for the national convention.

REP. CONROY asked what the policy was on workshops.

MR. LANE stated there is a continuing education training allowed that is the grade on the pay scale x \$40. They need to submit a form stating the necessity of the convention to their job area before they can go, then they must train the staff once they get back. He noted the employees may attend one workshop a year.

THE CHAIRMAN asked to discuss Region II.

REP. CONROY asked to have Mr. Crandell give an overview of his relationship to the RITZ program.

MR. CRANDELL stated there are three departments involved with the RITZ. They were the SRS, OSPI and Institutions. He explained this was a pilot program based on 12 kids, even though there is room for 15 kids. He stated there is a lot of difficulty getting the child admitted, so there is a lag time in placement. He stated the Mental Health Center administers the program and has hired the personnel to take care of these children. They are utilizing their own staff to help screen these.

REP. CONROY asked about the half-time psychiatrist for \$25,000 a year and if he came from his office.

MR. CRANDELL stated yes he did.

MR. HRUSKA stated the psychiatrist was not originally budgeted for one-half time; he was originally budgeted for one-fourth time.

REP. CONROY asked if he thought the cost could be justified for the per student cost.

MR. CRANDELL stated the cost was around \$18,000 per student per year; however, at Warm Springs the cost was \$34,700 per student.

MR. HRUSKA stated if you take the total budget and divide it by 14, the amount is \$20,876 per student for the current year.

MR. CRANDELL stated because it was a pilot program, it has taken a while to get 12 people in the program.

SEN. JOHNSON asked if any of these students were sent out of state.

MR. CRANDELL stated there was a boy from Scotland, his father rejected him so contact was made back with his mother in Scotland. He did not know who paid the price for this airfare.

SEN. JOHNSON asked what the difference would be in Region II benefits.

MR. HRUSKA stated their only difference in the benefits is that their medical is fully paid for. He noted they actually paid \$600 more than a state employee. However, their employee does not get the first step increase after six months, but must wait a year. He stated it was their intention to have everyone in strict compliance with the state pay plan.

THE CHAIRMAN stated the Region II total FTEs are 5.5 less, yet the Personal Services amount is several hundred thousand more.

MR. HRUSKA explained their region does not have any contracted people, all their services are done by employees. He felt it might be necessary to compare each position on a group sheet.

MR. SOUTH stated he is going to ask the Directors to provide a sheet for a position by position basis for each employee.

SEN. JOHNSON asked about the Conference policies for Region II.

MR. HRUSKA stated the continuing education amount is \$600 allowed per year; however, only one half of the staff uses this in a year's time. In answer to the question on moving expenses, he stated the total conference and moving expenses was \$13,971. He noted their policy is they move by U-Haul-- they would be reimbursed 100%. If they move commercially, they would be reimbursed no greater than \$800. This moving expense is only paid for hard to recruit professionals and they must stay for one year before they are fully reimbursed. He explained if the person is hired, their total plane fare is paid.

SEN. JOHNSON asked what was under Contracted Service.

MR. HRUSKA explained their Contracted Service, including insurance, janitorial, legal expenses, audit expenses, education and training expenses. He stated they pay the malpractice insurance for their employees. He explained the rate is 30 cents per client contact, plus a flat fee for psychiatrist treatments. He stated it is difficult to get an insurance to cover malpractice.

THE CHAIRMAN stated Region I, II, and V participate with Glacier Insurance Company. Region III and Region IV have separate carriers in FY 81.

SEN. JOHNSON asked Mr. Crandell if he had recruitment money.

MR. CRANDELL stated they used to have a budget. They now have \$2,000 in the budget in Other Expenses for this. He sometimes attends conventions for recruiting.

MR. HRUSKA explained Other Expenses category.

SEN. JOHNSON asked if they followed the state personnel policies.

MR. HRUSKA stated they were under the State Merit System up until July 1, 1980. After that time, they are on their own system.

SEN. JOHNSON asked if the Administrator Assistant by the name of Crandell was a relative, and if so are they following the state personnel policy.

MR. CRANDELL stated this hiring was done previous to his time.

MR. HRUSKA stated Mrs. Crandell is his employee and not directly under Mr. Crandell.

REP. CONROY asked about the \$10,000 allowance for the students at the RITZ.

MR. CRANDELL explained the money to replace this comes from the SRS. He noted there are certain amounts of money used for clothing, and the rest is for a personal allowance. He stated he would be happy to show how this was provided.

MR. HRUSKA stated the food cost was contracted out because of the low amount of children. In answer to the personal allowance, the children have to meet certain standards before they receive it.

THE CHAIRMAN asked why the county funds dropped.

MR. CRANDELL stated the board was concerned with this. He felt the base effect was that their county was supporting another region. He feels there should be a base among all counties, then if the counties want to contribute over and above this, they can purchase service for above that amount.

THE CHAIRMAN asked about the CETA FTEs.

MR. CRANDELL stated they only have three left and will be cut down to one. He felt some of them worked out quite well.

THE CHAIRMAN asked Region III to explain about a loan made to

Eastern Montana College.

DR. HUGHETT stated they sold some property to Eastern Montana College for the same amount they purchased it. They are getting rent free for five years for one office they occupy. EMC still owes \$25,000. He stated they have never loaned anything to anyone.

MR. HOFFMAN asked if that dollar amount was shown as accounts receivable.

MR. SPOLYAR stated it is shown as a note receivable.

REP. CONROY asked what was the recommended services for Region III.

DR. HUGHETT stated they feel most of their transitional services are people with pre-care or after-care.

REP. CONROY asked if he would define assertiveness training.

DR. HUGHETT stated he has not done it, but it would pertain to someone subject to abuse. The training would hopefully change the behavior of the person doing the abusing. He explained they have one professional in Hardin, and he would be answerable to the Mental Health Clinic. He stated there are some other psychologists that are a part of the Big Horn Health Corporation. They used to work for the Center, but do not any more.

REP. CONROY asked why the difference in Utilities and Rent costs compared to other regions.

DR. HUGHETT stated they did have a number of facilities that are rent free, but in all cases they do pay the Utilities. In answer to their location in Hardin, there is one psychologist, one secretary paid half-time by the Center. The combined office is in the county-owned Human Service building. He doubted the Big Horn County services can provide the same kind of services and regretted they separated about three years ago. He explained their mental health center is the only program for Stillwater and Carbon County, and they share with the Rimrock Foundation for Yellowstone County. Part of this money comes from ADAD and part from the maintenance that all centers have.

SEN. JOHNSON asked what their Center provides in benefits besides what is given to the state.

DR. HUGHETT stated their exception is the pay matrix. Prior to December, they had a different rate for insurance. They do have a conference leave policy, and have budgeted for this on a line-item. Dr. Hughett stated for a hard to recruit person, the Center will pay up to half of the moving cost--up to a maximum of \$600.

MR. HOFFMAN asked what is a hard-to-recruit employee.

DR. HUGHETT stated they have done this for business managers besides professional staff.

THE CHAIRMAN asked what a citizen participation coordinator is.

DR. HUGHETT stated this person was in charge of volunteer services, by helping to get the public more aware of what is being done to attain local foundation grant money. In response to the project coordinator, this person is to help people into a training program to become volunteer case managers.

THE CHAIRMAN asked about the description for transitional services, which is defined for less than 24 hours, but includes overnight care in a sheltered environment.

MR. HOOVER stated when this was written, it should have stated less than 24 hours constant supervision, as it is in-patient care.

REP. CONROY asked about the Big Horn County participation.

DR. HUGHETT stated that at this time it is one-third of a mill.

REP. CONROY asked about the travel budget, why was the cost double.

DR. HUGHETT explained Exhibit 59 in regard to the \$13,928 amount. This involves transporting patients within the Billings area to the clinic, in lieu of taxis. He noted the rural satellite coordinator had to travel the areas once a month. There was also inservice training on a monthly basis in FY 80, that was changed to quarterly. The out of state travel would involve attending a national council or regional meeting.

MR. SPOLYAR explained the \$3,000 out of state amount for travel. He noted this would include room, board, and transportation. Also, a national meeting would be included in this.

REP. CONROY felt the travel budget for Region III was quite large.

DR. HUGHETT explained in Region III, two-thirds of the specialists are located in Billings, and must travel from that area. He noted they are not having as many in-service trainings as before. Some of the outside travel was to help the isolated staff in the rural area, to keep them from being burned out.

SEN. THOMAS asked why there were no psychiatrists noted on Personal Services.

DR. HUGHETT stated they contract with six other psychologists in the area to help process the patients seen at the Center.

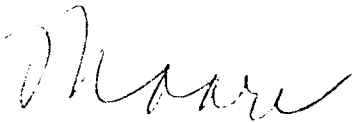
SEN. JOHNSON asked for a list of Contracted Services. She also asked about the alcohol services provided.

DR. HUGHETT stated in FY 80 they had one alcohol counselor working in Stillwater, one counselor working in Carbon County. There was one administrator in the Disease Services, one counselor in the addictive service and one life experience counselor.

THE CHAIRMAN stated he noted there were more than one position paid with federal grant money and these positions are going to have to be backed out of the Personal Service area to help on the FY 80 base. He stated as the federal money goes, so does the position.

MR. SOUTH stated they would separate this amount from this. He felt the real issue was going to lie in the amount of general funds appropriated. The LFA recommends 46%, whereas the department's recommendation is 50%.

There being no further comments or discussion, the meeting was adjourned at 11:30 a.m.



JACK K. MOORE, Chairman

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VISITORS' REGISTER

HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE FOR INSTITUTIONS

February 2, 1981

ILL Mental Health Center

Date _____

SPONSOR _____

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOS
Frank Lane	1819 Main	EMMHC		
William H. Murphy	Billings	WHH Assoc	✓	
Paul Bell	Great Falls	NEMHC		
Harold Spauldy	Missoula	MMRCHC		
H. Clark Burton	Missoula	WMRCHC	✓	
David Spolyan	1107 Ave F Billings	SCMRMHC	✓	
Boyer Hargrett, M.D.	1117 AVE F Billings	S. W. MT. MENTAL HEALTH CTR St. Cent. MT. Reg. Mental Health CTR	✓	
Dennis Crawford	Helena	S.W. MT. MENTAL HEALTH CTR	✓	
David Briggs	Helena	S.W. Mt. Mental Health CTR	✓	
South	Helena	Dept of Inst.		
Keith Wolcott	Helena	Dept of Inst.		
Peter Blouke	Helena	Dept of Inst.		
Jim Jensen	Miles City	Region I		
Jim Petersen	MILES CITY	EMCMHC	✓	
Jack Nuska	Great Falls MONT	Region II MHC	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

REGION I
COMPUTER REPORT PROGRAMS LISTING

1. PATIENT BILLING
2. ACCOUNTS RECEIVABLE AGING REPORT
(30-60-90-120-150 Over 150 days)
 - (a) By patient
 - (b) By Therapist
 - (c) Total accounts receivable
 - (d) Line Total A.R.
 - (e) Payment liability
3. CURRENT PATIENT CENSUS REPORT
 - (a) Alphabetically
 - (b) Numerically
 - (c) By therapist (marks people not seen in 90 days)
4. TERMINATED PATIENT CENSUS REPORT
 - (a) Alphabetically) Total cost of treatment
 - (b) Numerically) Total number times seen
Diagnosis
Beginning-ending PSFI
Current patient A/R balance
Admission date
Discharge date
Case managers
Where referred at discharge
 - (c) Can be sorted in the following eight ways:
By patient number
By diagnosis, therapist, discharge date
By terminated code
By PSFI at discharge
By therapist
By PSFI at admission
By therapist, diagnosis
By discharge date (alphabetical listing)
5. THERAPIST INCOME GENERATED REPORT
 - (a) Shows our cost)
 - (b) Revenue collected) By therapist
 - (c) Revenue by patient)
6. COST AND REVENUE GENERATED BY COUNTIES

REPORT TO
STATE
QUARTERLY

13. PATIENT MONTHLY INCOME CHARACTERISTIC REPORT
(Run monthly, quarterly, yearly)

Sorted by race and sex: Under 100
100-149
150-199
200-299
300 and over

REPORT TO
STATE
QUARTERLY

14. PATIENT SOCIAL ECONOMIC CHARACTERISTIC REPORT
(Can be run monthly, quarterly, yearly)

Sorted by: race and sex: Employed
Retired
Unemployed
Houseperson
Student
Public assistance
Unable to work
Other

REPORT TO
STATE
QUARTERLY

15. PRIMARY DIAGNOSIS REPORT
(Can be run monthly, quarterly, yearly)

Sorted by 18 diagnostic categories

REPORT TO
STATE
QUARTERLY

16. PATIENT ADMISSION REFERRAL SOURCE REPORT
(Can be run monthly, quarterly, yearly)

Warm Springs State Hospital
Other Mental Health Center
Self, family, friend
Clergy
School system
Court or law enforcement
Private M.D.
Social community agency
Other
Unknown
Alcohol agency
Our staff
Medical facility
Private practice mental health professional
Out of State referral

NT TO
E
ARTERLY

17. PATIENT DISCHARGE REFERRAL REPORT
(Can be run monthly, quarterly, yearly)

Sorted by: Public psychiatric hospital
Other mental health centers
Medical facilities
Nursing homes
Community social agencies
Private practice mental health professional
Non-psychiatric M.D.
Court and Law enforcement
School systems
Dropped out of therapy
Died, moved
Appropriate referral unavailable
Not in need of further treatment
Treatment disposition unknown

18. PATIENT PERSONAL INCOME BY COUNTIES
(Can be run on demand)

Sorted by counties:
Under 100
Under 150
Under 200
Under 300
Over 300

19. PATIENT ADMISSION AGE BY COUNTY
(Can be run on demand)

Sorted by counties:
Child
Adult
Elderly
Unknown

20. PATIENT SEX CHARACTERISTICS BY COUNTY:
(Run on demand)

Sorted by sex and race

21. SERVICE DELIVERY REPORT:
(Can be run monthly, quarterly, yearly)

List by number of people seen: On contacts
Average contacts
Units of service
Average number of units of service

(continued)

NT TO
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ARTERLY

21. (Continued)

SERVICE DELIVERY REPORT

By outpatient: Outpatient group
 Outpatient evaluation
 Partial care
 Transitional care
 Emergency
 Inpatient
 Home visit
 Aftercare (outpatient)
 Aftercare outpatient group
 Aftercare outpatient evaluation
 Aftercare partial care
 Aftercare Transitional care
 Aftercare emergency
 Aftercare inpatient
 Aftercare home visit
 Unduplicated number of total people receiving service

22. UNIT OF SERVICE REPORT BY PATIENT AGE
(Can be run monthly, quarterly, yearly)

Lists units of service by:

Children) Outpatient
Adult) Outpatient group
Elderly) by Outpatient evaluation
Unknown) Partial hospitalization
 Transitional care
 Inpatient
 Emergency
 Home visit

23. THERAPIST TIME REPORT:
(Can be run monthly, quarterly, yearly)

Sorted in all service categories listed in #21 by:

Number of people
Number of contacts
Average number of contacts
Units of service worked by therapist
Average number of units of service worked by therapist
Unduplicated number of people seen by therapist

24. LIST ALL SERVICES PERFORMED BY PATIENT BY THERAPIST
(Run on demand)

Lists: Patient number
 Type of service
 Date of service
 Cost of service
 Revenue

UNIT TO
DATE
QUARTERLY

ACCOUNTABILITY TO DEPARTMENT OF INSTITUTIONS:

PROGRAMMATIC:

- State Mental Health Plan
- State contract provisions
- MIS Quarterly reports
- State Standards for Community Mental Health Centers
- Site visits - (Clinical records audit)
- Warm Springs admission reports
- Sign off for Federal grants
- Frequent assorted special requests

FISCAL:

- Budget approval
- Budget hearing (Department of Institutions - OPPP-LFA)
- Fund allocation
- Form 1000
- Salary within three steps of the State pay plan
- All employees classified by State classification plan
- Outside audit by State guidelines
- Site Visit
- Common accounting manual (approved by LFA)
- Receive copy of Treasurer's report

ACCOUNTABILITY TO DHES

- Facilities inspection (Fire and safety)
- Licensure site visits (clinical records audit)
- State license

H.S.A.

- Grant approval including budget
- Site visit

BOARD OF VISITORS

- Site visit
- Clinical records audit

25. TYPE OF DISCHARGE REPORT:
(Run on demand)

Lists: Patient number
Terminated code

26. PATIENT EMPLOYMENT STATUS LIST AT ADMISSION:
(Run on demand)

Lists: Patient name
Address
PSFI at admission
PSFI at discharge
Admission date
Employment status

27. MONTHLY TRANSACTION REPORT:

Lists: Discharged patients
Total patient charges
Total patient payments
Total costs
Total adjustment
Total write-offs
Current A/R balance by patient
Total A/R balance

Can be run by:

Patient
Liability

28. LISTING BY PATIENT ALL INPATIENT MASTER FILE
(run on demand)

By patient number

DAILY ENTRY REPORTS WITH EDIT AND ERROR LISTINGS:

1. Admissions report
2. Daily transaction report
3. Patient termination report
4. Patient change report
5. Update reports (22 of them)
6. Revenue by payment liability
(run monthly)

Lists: Total payments
Total transactions by source
Total transactions

7. Daily accounts receivable report

Lists: Patient number
Patient name
Patient balance

REGION I
INTERNAL ACCOUNTABILITY

FISCAL

Treasurer's report
Purchase orders (sign off by Associate Director, Director, Business Mgr.)
Two signatures on all checks (one Board and Director)
Divided accounting functions
External audit
Internal cost analysis
Center accounting manual
Receipt and transit system
Merchandise receiving documentation
Form 1000
State travel forms and procedures
Travel advance forms
Purchase order log
Board financial committee

PROGRAMMATIC

Peer review
Case manager for each patient
Treatment teams
Individual treatment plans for each patient
Quarterly staff productivity review

Staff time analysis

- A. Distribution of time
- B. Cost of service
- C. Income generated
- D. PSFI admittance and discharge analysis
- E. Intakes and discharge analysis

Ethics committee procedure
Board personnel committee
Medical audit teams (local physicians)

ACCOUNTABILITY TO DEPARTMENT OF INSTITUTIONS:

PROGRAMMATIC:

- State Mental Health Plan
- State contract provisions
- MIS Quarterly reports
- State Standards for Community Mental Health Centers
- Site visits - (Clinical records audit)
- Warm Springs admission reports
- Sign off for Federal grants
- Frequent assorted special requests

FISCAL:

- Budget approval
- Budget hearing (Department of Institutions - CPPP-LFA)
- Fund allocation
- Form 1000
- Salary within three steps of the State pay plan
- All employees classified by State classification plan
- Outside audit by State guidelines
- Site Visit
- Common accounting manual (approved by LFA)
- Receive copy of Treasurer's report

ACCOUNTABILITY TO DHES

- Facilities inspection (Fire and safety)
- Licensure site visits (clinical records audit)
- State license

H.S.A.

- Grant approval including budget
- Site visit

BOARD OF VISITORS

- Site visit
- Clinical records audit

1982 - 1983

Comprehensive
Community Mental Health Centers

Page 1 - Budget proposal

Page 2 - Comparison of CMHC salaries and benefits to
those of State government

Page 3,4,5 - Description of mental health services

Page 6 - Provision of Service Rankings
Required Target Groups
Other Target Groups

Pages 7,8,9,10 - Process: Purchase of Service Contract

Page 11- Treatment modalities for specific services-Regional example

DESCRIPTION OF MENTAL HEALTH SERVICES

In Montana, each Comprehensive Community Mental Health Center is responsible for planning and implementing programs in at least six areas: Inpatient Services; Partial Hospitalization; Outpatient Services; Emergency Services; Transitional; and Consultation and Education. In addition, the center is required to develop programs to meet the special needs of the following target populations: children, elderly, alcoholic, drug abusers, pre-care and aftercare, and rape victims.

Together, the above categories of services should provide a continuum of services adequate to meet the mental health needs of its catchment area. Certainly, categories of services are not mutually exclusive and clients may be involved in more than one category of service at a given time. Further, clients entering the system at any point may be referred to a more appropriate category of service as his individual needs change with the least restrictive/intensive alternative, generally being the preferred treatment. All services are delivered with protection of legal and personal rights.

Inpatient Services

Programs in this category of services are designed to provide a highly concentrated and structured environment for those individuals who are unable to cope with their emotional crises in a less restrictive, less protective environment. The focus of community-based inpatient programs is intensive, short-term therapy, geared toward discharge of the client as rapidly as possible. Generally, release from Inpatient service is followed by close supervision of the client by Center staff through Partial Hospitalization or Outpatient Services. Provision of this service includes:

Inpatient

- Differential Diagnosis
- Individual Therapy
- Family Therapy
- Discharge Planning
- Medication Assessment and Prescription
- Case Management
- Mental Status Examination
- Protective Services

Partial Hospitalization (Day Treatment)

Partial Hospitalization represents a transitional step for patients who do not require 24 hour care and supervision, but who are not yet able to care for themselves independently in the community. Programs in this category may include those providing a variety of treatment programs which aim to change behavior, attitude, skills and the coping ability of clients through specific therapeutic intervention techniques. The second level of programming in this category is programs that are less oriented toward remediation of thinking and emotional dysfunctioning, but are primarily concerned with habilitation and rehabilitation. Such programs might include sheltered workshops and activity centers. In general, vocationally oriented activities (culinary, job training, cooking, janitorial, clerical) are emphasized for adult clients. Provision of this service includes:

Partial Hospitalization

- Individual Therapy
- Medication Therapy
- Outreach
- Living Skills
- Group Therapy
- Vocational Skills
- Social Skills
- Recreation Skills
- Family Therapy

Outpatient Services

Outpatient Services are mental health services provided to clients who are experiencing mental and/or emotional dysfunctioning, but who do not require the intensity of care and supervision of Inpatient or Partial Hospitalization programs. Such services may be provided through a variety of modalities, including individual therapy, group therapy, family counseling, home programs, and provision of play therapy for children. Services may be provided at the Center, through outreach, or by home visits by the staff. Provision of service includes:

Outpatient Services

- Case Management
- Psychiatric Evaluation
- Bio-feedback Therapy
- Couple Therapy
- Group Therapy
- Individual Therapy
- Family Therapy
- Medication Review and Adjustment
- Psychological Assessment
- Children's Play Therapy

Emergency Services

Emergency Services provide immediate access at any time to mental health services for anyone experiencing a mental health crisis. These services also include: 1) a 24-hour telephone service through which mental health professionals evaluate client-defined emergencies and provide such treatment and referral as they deem necessary and appropriate; 2) provision for backup services appropriate to meet the range of needs presented to the 24-hour crisis telephone service including face-to-face treatment, inpatient hospitalization, and/or home visit; 3) sufficient public awareness of the emergency telephone number through telephone directory, television and radio advertisement, and dissemination to police and other service agencies. Provision of this service includes:

Emergency Services

- Crisis Intervention
- Suicide Prevention
- Crisis Resolution

Transitional Services

Transitional Services are defined as less than 24 hours but including overnight care for clients in a sheltered residential environment. Included are halfway houses, foster care homes, community residences and cooperative housing. Clients are encouraged and assisted in the development and retention of life skills. Service provisions include:

Transitional Services

- Room and Board
- Daily Living Skills
- Social Skills
- Support Services
- Protective Services
- Case Management

Consultation and Education

Consultation and Education is a vital component of the mental health service area program. Consultation is the process of interaction between a Center staff person (consultant) and representative(s) of another organization or individual practitioner (consultee) to assist the consultee; to impart knowledge, skills or attitudes; and to aid the consultee in carrying out his mission(s). The Education component is the dissemination of knowledge related to issues and behaviors which contribute to individual and community mental health. Consultation and Education services are directly aimed at populations like children with one or no parents, elderly, physically ill, and minority people, which can offer or prevent mental and/or emotional disorders. Provision of this service includes:

Consultation and Education

- Prevention
- Stress Management
- Parent Effectiveness Training
- Community Consultation
 - + Human Service Agencies
 - + Law Enforcement
 - + Public Schools
 - + Ministerial Associations
 - + Medical Practitioners and Agencies
- Youth Effectiveness Training
- Advocacy
- Divorce Adjustment

PROVISION OF SERVICE
RANKINGS

1. Transitional Services
2. Partial Hospitalization
3. Emergency Services
4. Inpatient Services
5. Outpatient Services
6. Consultation and Education

REQUIRED TARGET GROUPS

1. Elderly
2. Children
3. Pre-care/Aftercare
4. Rape
5. Alcohol
6. Drug

OTHER TARGET GROUPS

1. Minority
2. Low Income
3. Underserved
4. Unserved

Appendix 1

Process: Purchase of Service Contract

The process for the purchase of service contract, also known as contract for services or performance contracting is a means only to deliver appropriate, effective and efficient services to the consumer.

Although the reason for considering the purchase of service contract (POSC) was initially an administrative, fiscal and political motivation, further investigation has exposed that this system will:

1. eliminate certain service gaps,
2. improve services to target groups,
3. provide new types of service and,
4. strengthen the entire delivery system.

Successful implementation of POSC is dependent upon several variables. First, the contractor must determine the composition and shape of the existing system is amenable to the POSC.

Secondly, an assessment of consumer needs must be current and reflect the following:

1. demographic data, e.g., number of clients served, number of clients in need, age and service delivered.
2. Changes in service demand.

3. Trend analysis in service categories

- a. number of former clients
- b. clients now using services
- c. review of existing services.

Third, the mental health system must review the incorporation of the POSC into its planning system. The POSC must be tied to the service delivery system baseline which is clear as to its role, function and priorities. Categorical programs would become parts of a universal system.

Fourth, a review of each contractee must be conducted to assess:

1. The contractee's goals, mission and philosophy is congruent with the contractor's,
2. The contractee has the service and management capacity to provide the identified service,
3. The cost factor for the contractees delivery of service.

Fifth, the contractor must describe the responsibilities, identify the services and other variables prior to the POSC. These would include:

1. Clearly defined service
2. Standards for review
3. Payments for prior uniformly determined direct costs and whatever indirect costs are appropriate.

Considerations for POSC mechanisms include:

1. per diem

2. Per capita
3. per episode
4. Total budget

Variables will include consideration of:

1. Cases treated
2. length of stay
3. Intensity of service
4. Scope of service
5. Quality level
6. Efficiency
7. Complexity of case mix
8. Cost of service
9. Investment in resources
10. Training provisions

The monitoring of POSC will examine the management's practice as well as the financial integrity of the contractee. It will include:

1. Compliance with federal regulations
2. Compliance with state regulations
3. Compliance with federal and state licensing standards, when applicable
4. Achievement of goals and objectives.

Utilization of the existing MIS will document:

1. Whether the service was actually delivered

2. Who provided the service
3. Amount of service given
4. Cost of service.

Determining what constitutes an outpatient, inpatient, aftercare, etc., service will be done through discussions with providers. Also, the cost for the service, client eligibility, and other variables need to be delineated before a contract can be consummated. In other words, an example, would be one unit of service = one hour at a cost of \$45.00. The contractor must clearly define the service, the unit, the reimbursable fee, to whom it will be delivered, during what time period.

APPENDIX (2)

Treatment Modalities for Specific Services: CMHCs--Regional Example

Individual Therapy

Rational--Emotive
Client centered
Behavior
Supportive
Transactional
Assertiveness Training
Bio-feedback
Reconstructive
Hypnosis
Psycho-Dynamic
Psychiatric Evaluation
Psychological Assessment

Family Therapy

Analytic
Supportive
Relationship
Short term
Psychotherapy
Behavior

Couple Therapy

Behavior
Supportive
Marital
Relationship
Short term
Psychoanalytic

Medication Therapy

Medication Assessment
Medication Adjustment
Chemotherapy

Social Services

Interpersonal relationship therapy
Role playing

Support Services

Protective
Advocacy
Transportation
Volunteer
Employment recruitment

Vocational Services

Employment interviewing
Skill development
Skill retention
Employment skills
Vocational Skills
+clerical
+janitorial
++salesclerk

Living Services

Cooking
Personal finances
Shopping
Problem solving
Housekeeping
Sign language
Nutrition
Grooming
Dressing

Recreational Services

Swimming
Camping
Music
Arts and Crafts
Exercises
Games
Bowling
Dancing

NC G F WMS

	Region I	Region II	Region III	Region IV	Total
	82	83	82	83	82
Salaries	128509	128509	128509	128509	511036
Benefits	18532	18532	18532	18532	74138
Total P/S	147041	147041	147041	147041	585174
Contracted Services	62600	62600	62600	62600	250400
Supplies & Materials	52572	52572	52572	52572	209883
Communications	54000	54000	54000	54000	216000
Travel	72817	72817	72817	72817	291268
Rent	63553	63553	63553	63553	254212
Util	91619	91619	91619	91619	366476
Repairs & Maintenance	9123	9123	9123	9123	36492
Other	10242	10242	10242	10242	40968
Total	295094	295094	295094	295094	1179284
Equipment	-	-	-	-	-
Capital	-	-	-	-	-
Total	1264283	1264283	1264283	1264283	5000000
General Fund Pay Plan	1165512	1165512	1165512	1165512	4662168
General Fund	1382835	1382835	1382835	1382835	5399933
Federal	-	-	-	-	-
County	54184	54184	54184	54184	216736
Fees & Revenues	325296	325296	325296	325296	1281184
Other	40000	40000	40000	40000	159999
Total other than	374783	374783	374783	374783	1459999
Total	1779066	1779066	1779066	1779066	6762283

All final figures required

REGION I
COMPUTER REPORT PROGRAMS LISTING

1. PATIENT BILLING
2. ACCOUNTS RECEIVABLE AGING REPORT
(30-60-90-120-150 Over 150 days)
 - (a) By patient
 - (b) By Therapist
 - (c) Total accounts receivable
 - (d) Line Total A.R.
 - (e) Payment liability
3. CURRENT PATIENT CENSUS REPORT
 - (a) Alphabetically
 - (b) Numerically
 - (c) By therapist (marks people not seen in 90 days)
4. TERMINATED PATIENT CENSUS REPORT
 - (a) Alphabetically) Total cost of treatment
 - (b) Numerically) Total number times seen
Diagnosis
Beginning-ending PSFI
Current patient A/R balance
Admission date
Discharge date
Case managers
Where referred at discharge
 - (c) Can be sorted in the following eight ways:
By patient number
By diagnosis, therapist, discharge date
By terminated code
By PSFI at discharge
By therapist
By PSFI at admission
By therapist, diagnosis
By discharge date (alphabetical listing)
5. THERAPIST INCOME GENERATED REPORT
 - (a) Shows our cost)
 - (b) Revenue collected) By therapist
 - (c) Revenue by patient)
6. COST AND REVENUE GENERATED BY COUNTIES

REPORTED
STATE
ARTERLY

SENT TO
STATE
QUARTERLY

13. PATIENT MONTHLY INCOME CHARACTERISTIC REPORT
(Run monthly, quarterly, yearly)

Sorted by race and sex: Under 100
100-149
150-199
200-299
300 and over

SENT TO
STATE
QUARTERLY

14. PATIENT SOCIAL ECONOMIC CHARACTERISTIC REPORT
(Can be run monthly, quarterly, yearly)

Sorted by: race and sex: Employed
Retired
Unemployed
Houseperson
Student
Public assistance
Unable to work
Other

SENT TO
MAIL
QUARTERLY

15. PRIMARY DIAGNOSIS REPORT
(Can be run monthly, quarterly, yearly)

Sorted by 18 diagnostic categories

SENT TO
STATE
QUARTERLY

16. PATIENT ADMISSION REFERRAL SOURCE REPORT
(Can be run monthly, quarterly, yearly)

Warm Springs State Hospital
Other Mental Health Center
Self, family, friend
Clergy
School system
Court or law enforcement
Private M.D.
Social community agency
Other
Unknown
Alcohol agency
Our staff
Medical facility
Private practice mental health professional
Out of State referral

REPORT TO
STATE
QUARTERLY

17. PATIENT DISCHARGE REFERRAL REPORT
(Can be run monthly, quarterly, yearly)

Sorted by: Public psychiatric hospital
Other mental health centers
Medical facilities
Nursing homes
Community social agencies
Private practice mental health professional
Non-psychiatric M.D.
Court and Law enforcement
School systems
Dropped out of therapy
Died, moved
Appropriate referral unavailable
Not in need of further treatment
Treatment disposition unknown

18. PATIENT PERSONAL INCOME BY COUNTIES
(Can be run on demand)

Sorted by counties:
Under 100
Under 150
Under 200
Under 300
Over 300

19. PATIENT ADMISSION AGE BY COUNTY
(Can be run on demand)

Sorted by counties:
Child
Adult
Elderly
Unknown

20. PATIENT SEX CHARACTERISTICS BY COUNTY:
(Run on demand)

Sorted by sex and race

21. SERVICE DELIVERY REPORT:
(Can be run monthly, quarterly, yearly)

List by number of people seen: On contacts
Average contacts
Units of service
Average number of units of service

(continued)

REPORT TO
STATE
QUARTERLY

21. (Continued)

SERVICE DELIVERY REPORT

By outpatient: Outpatient group
 Outpatient evaluation
 Partial care
 Transitional care
 Emergency
 Inpatient
 Home visit
 Aftercare (outpatient)
 Aftercare outpatient group
 Aftercare outpatient evaluation
 Aftercare partial care
 Aftercare Transitional care
 Aftercare emergency
 Aftercare inpatient
 Aftercare home visit
 Unduplicated number of total people receiving service

22. UNIT OF SERVICE REPORT BY PATIENT AGE
(Can be run monthly, quarterly, yearly)

Lists units of service by:

Children)	Outpatient
Adult)	Outpatient group
Elderly) by	Outpatient evaluation
Unknown)	Partial hospitalization
		Transitional care
		Inpatient
		Emergency
		Home visit

23. THERAPIST TIME REPORT:
(Can be run monthly, quarterly, yearly)

Sorted in all service categories listed in #21 by:

Number of people
Number of contacts
Average number of contacts
Units of service worked by therapist
Average number of units of service worked by therapist
Unduplicated number of people seen by therapist

24. LIST ALL SERVICES PERFORMED BY PATIENT BY THERAPIST
(Run on demand)

Lists: Patient number
 Type of service
 Date of service
 Cost of service
 Revenue

ACCOUNTABILITY TO DEPARTMENT OF INSTITUTIONS:

PROGRAMMATIC:

- State Mental Health Plan
- State contract provisions
- MIS Quarterly reports
- State Standards for Community Mental Health Centers
- Site visits - (Clinical records audit)
- Warm Springs admission reports
- Sign off for Federal grants
- Frequent assorted special requests

FISCAL:

- Budget approval
- Budget hearing (Department of Institutions - OPPP-LFA)
- Fund allocation
- Form 1000
- Salary within three steps of the State pay plan
- All employees classified by State classification plan
- Outside audit by State guidelines
- Site Visit
- Common accounting manual (approved by LFA)
- Receive copy of Treasurer's report

ACCOUNTABILITY TO DHES

- Facilities inspection (Fire and safety)
- Licensure site visits (clinical records audit)
- State license

H.S.A.

- Grant approval including budget
- Site visit

BOARD OF VISITORS

- Site visit
- Clinical records audit

25. TYPE OF DISCHARGE REPORT:
(Run on demand)

Lists: Patient number
Terminated code

26. PATIENT EMPLOYMENT STATUS LIST AT ADMISSION:
(Run on demand)

Lists: Patient name
Address
PSFI at admission
PSFI at discharge
Admission date
Employment status

27. MONTHLY TRANSACTION REPORT:

Lists: Discharged patients
Total patient charges
Total patient payments
Total costs
Total adjustment
Total write-offs
Current A/R balance by patient
Total A/R balance

Can be run by:

Patient
Liability

28. LISTING BY PATIENT ALL INPATIENT MASTER FILE
(run on demand)

By patient number

DAILY ENTRY REPORTS WITH EDIT AND ERROR LISTINGS:

1. Admissions report
2. Daily transaction report
3. Patient termination report
4. Patient change report
5. Update reports (22 of them)
6. Revenue by payment liability
(run monthly)

Lists: Total payments
Total transactions by source
Total transactions

7. Daily accounts receivable report

Lists: Patient number
Patient name
Patient balance

REGION I
INTERNAL ACCOUNTABILITY

FISCAL

Treasurer's report
Purchase orders (sign off by Associate Director, Director, Business Mgr.)
Two signatures on all checks (one Board and Director)
Divided accounting functions
External audit
Internal cost analysis
Center accounting manual
Receipt and transit system
Merchandise receiving documentation
Form 1000
State travel forms and procedures
Travel advance forms
Purchase order log
Board financial committee

PROGRAMMATIC

Peer review
Case manager for each patient
Treatment teams
Individual treatment plans for each patient
Quarterly staff productivity review

Staff time analysis

- A. Distribution of time
- B. Cost of service
- C. Income generated
- D. PSFI admittance and discharge analysis
- E. Intakes and discharge analysis

Ethics committee procedure
Board personnel committee
Medical audit teams (local physicians)

ACCOUNTABILITY TO DEPARTMENT OF INSTITUTIONS:

PROGRAMMATIC:

State Mental Health Plan
State contract provisions
MIS Quarterly reports
State Standards for Community Mental Health Centers
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Warm Springs admission reports
Sign off for Federal grants
Frequent assorted special requests

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ACCOUNTABILITY TO DHES

Facilities inspection (Fire and safety)
Licensure site visits (clinical records audit)
State license

H.S.A.

Grant approval including budget
Site visit

BOARD OF VISITORS

Site visit
Clinical records audit

R E S U M E

BYRCE G. HUGHETT, M.D. Home address: 1117 Avenue F, Billings, Montana 59102

Telephone: 406-248-6001

Wife: Mary Louise Anderson Hughett

Office Address: South Central Mt. Regional Mental Health Center

1245 North 29th, Billings, Montana 59101

Telephone: 406-252-5658

Born: December 14, 1919, Sherman, Texas.

Education:

Graduate of Sunset High School, Dallas, Texas, 1937

B.A., 1942, Psychology, Southern Methodist University, Dallas, Texas

M.A., 1944, Psychology, Southern Methodist University, Dallas, Texas

B.S., 1946, Pre-Med, Southern Methodist University, Dallas, Texas

M.D., 1948, Southwestern Medical College of Univ. of Texas, Dallas, Texas

Internship at Parkland Hospital (Dallas City-County Hospital), 1948-49

Psychiatric training at University of Colorado Medical Center in Denver, 1949-52

Certification:

Diplomate in Psychiatry, American Board of Psychiatry and Neurology, 1955

Military:

Army of the United States, M.C., to Captain, 1953-54

Served as U.S. Army 2nd Infantry Division Psychiatrist in Korea in 1953 and

Psychiatrist for Tokyo Army Hospital in 1954. Member Operation Big Switch

POW Repatriation Team, 1953

Employment:

Director of Billings Mental Hygiene Clinic in 1952, 1955, and 1956

Co-Director, 1969-1971, half time

Full time in private practice of Psychiatry in Billings from December, 1956, to

September, 1969. Half time until August, 1971.

Regional Mental Health Director, South Central Montana Regional Mental Health

Center, September, 1971 - current (full time)

Teaching:

1. Southwestern Medical School, 1945, Anatomy, Histology, Neuro-anatomy

2. Baylor University Dental School, 1945, Dental Histology

3. University of Colorado, 1951-52, Psychology Instructor, Extension Division

4. Eastern Montana College, 1955-56, Mental Hygiene, Psychology

5. Western Interstate Commission for Higher Education Co-leader of Psychiatry course for non-psychiatrist physicians, 1961-62.

Organizations:

Members and Past-President, Yellowstone Valley Medical Society, a component of the Montana Medical Association and the American Medical Association.

Member of each.

Member and Past-President, Intermountain Psychiatric Association (A District Branch of the American Psychiatric Association), and since

1978, The Montana Psychiatric Association

Delegate, Assembly of District Branches of the American Psychiatric Association, from Intermountain (included Montana, Wyoming, Idaho, Nevada), 1968-72
Deputy Area Representative Area VI (West), of the Assembly of the American Psychiatric Association, 1972-73
Area Representative, American Psychiatric Association, Area VII, 1974-77
Executive Committee of the Assembly, American Psychiatric Association, 1972-77
Member, Assembly Commission on Future Planning, 1972-73
Member, Assembly Task Force on Psychiatry and Public Policy, 1972-73
Member, Assembly Task Force on Comprehensive Health Planning, 1971-72
Chairman, Assembly Task Force on Delivery of MH Services, 1976-77
American Psychiatric Association, Nominating Committee, 1972
American Psychiatric Association, Ad Hoc Committee on Governance, 1973
American Psychiatric Association, Ad Hoc Committee on President's Commission on Mental Health, 1977-79
American Psychiatric Association, Committee on Financing Mental Health Care, 1977-current / 1980
Member, American College of Psychiatrists, 1975-current
President of the Billings Chamber of Commerce, 1972
Member and Past-Chairman of the Montana Advisory Council for Comprehensive Health Planning, 1968-72
Montana Hospital and Long Term Care Facilities - Advisory Council, January, 1966-January, 1972
Board Member and Executive Committee, Montana Health Systems Agency, Inc., 1976-80
Governing Board Chairman, Montana Health Systems Agency, 1977-current '80
Chairman, Montana Statewide Health Coordinating Council, 1978-80
American Psychiatric Association, Council on Mental Health Services, 1976-77
National Institute of Mental Health Consultant, 1979-current

CONTINUING EDUCATION:

Physicians Recognition Award - American Medical Association.
Continuing Medical Education valid until February 1, 1981
American Psychiatric Association Continuing Medical Education Standards fulfilled until March 1, 1981

ACCOUNTABILITY
South Central Montana Regional Mental Health Center

Site Visits

Federal/State Combined Site Visit
Disability Board of Visitors
CSP On-Site Visit
JCAH Site Survey (every 2 years)
ACTION Grant Review On-Site Visit
Alcohol Program Site Visit
Dept. of Health & Environ. Sciences Licensure
Fire Department Inspection

Reports

Annual:

- NIMH Statistical Report
- ACTION Grant
- Children's Grant
- County Commissioners' Report
- Fiscal Audit

Semi-Annual:

- Yellowstone County Alcohol Report
- BCRR Report on NHSC Employees (Fiscal & Statistical Data)

Quarterly:

- MIS Report to Dept. of Institutions
- Quarterly Alcohol Fiscal Report to Dept. of Inst.
- Rural Health Initiative Fiscal Report
- Financial Report on Children's & ACTION Grants

Monthly:

- Alcohol Report to Dept. of Inst.
- Spouse Abuse Report to SRS
- Form 1000 Fiscal Report to Dept. of Inst.
- Board Packets to Many Recipients

Quality Assurance Efforts

- Quality Review Committee (Monthly Meetings)
- JCAH Accreditation
- Patient Satisfaction Surveys
- Clinical Audits

MEASURES OF PATIENT OUTCOME
South Central Montana Regional Mental Health Center

1. Patient Satisfaction Survey
Very positive response to all questions on the December, 1980, survey including many positive written testimonials to our effectiveness.

2. Global Assessment Scale
In a study of beginning and ending Global Assessment Scale levels for patients admitted and terminated in FY1980, it was shown that the shift was positive (towards the more functional end of the scale) to a statistically significant degree (therefore not by chance). This occurred although all patients were included in the study, even chronic patients for whom a change was not necessarily expected.

3. Admissions to Warm Springs State Hospital - *from the 11 institutions in Region III*

<u>FY</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>
	262	91	77	74	72	65	73

Six months FY1981: 40 Admissions

Note: 72% drop from 1974 to 1980; 65% drop from 1974 to 1975;
20% drop from 1975 to 1980.

4. Film "Back Wards to Back Streets"

The Center received national recognition as a praiseworthy example of working deinstitutionalization in the television documentary "Back Wards to Back Streets" produced in 1980.

5. Quality Assurance Efforts

Internal review and audits as well as numerous external site visits including accreditation by JCAH assure top-quality procedures and staff qualifications which are hoped to be directly related to good outcome.

2 B

SUMMARY OF RESULTS
 PATIENT SATISFACTION SURVEY
 SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER

December, 1980

<u>Question #</u>	<u>Subject</u>	<u>Total</u>	<u># Ans.</u>	<u># None</u>	<u>Average</u>
1.	Waiting Time	669	162	4	4.13
2.	Support Staff	730	162	4	4.51
3.	Fee	709	162	4	4.38
4.	Got Services Needed	686	165	1	4.16
5.	Feel Better	658	165	1	3.99
6.	Clinician Helpful	700	165	1	4.24
7.	Come Back Again	712	166	0	4.29
8.	Tell Friend To Come	732	165	1	4.47

*Perfect score
 in most items
 item 5
 worst = 1
 Score = 3*

<u>Age</u>	0 - 20 --	21	13%
	21 - 30 --	35	21%
	31 - 40 --	43	26%
	41 - 50 --	26	16%
	51 - 60 --	23	14%
	60 + --	16	10%
	No Ans. --	2	

<u>Sex</u>	Female --	99	71%
	Male --	40	29%
	No Ans. --	27	

Note: The Center's patient population has more females (60%) than males (40%).

SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER
 PATIENT SATISFACTION SURVEY
 DECEMBER, 1980

Place an "X" on the scale which shows how much you agree or disagree with the item.

- Considering how I felt, the time between my first contact with the Center and my appointment was okay.

Strongly disagree X X X X X Strongly agree
- I found the secretaries and clerks at the Center to be very helpful and pleasant.

Strongly disagree X X X X X Strongly agree
- The fee charged to me for being seen at the Center was fair.

Strongly disagree X X X X X Strongly agree
- I got the kind of services I wanted/needed.

Strongly disagree X X X X X Strongly agree
- I feel much better about my problems because of services at the Center.

Strongly disagree X X X X X Strongly agree
- I feel the person I was (or am) seeing at the Center was very helpful.

Strongly disagree X X X X X Strongly agree
- I would come back to the Center if I needed help again.

Strongly disagree X X X X X Strongly agree
- I would tell a friend to come to the Center if the friend needed help.

Strongly disagree X X X X X Strongly agree

9. Age: A. 0 - 20 D. 41 - 50
 B. 21 - 30 E. 51 - 60
 C. 31 - 40 F. Over 60

10. Sex: A. Female
 B. Male

Comments:

TESTIMONIES FROM
PATIENT SATISFACTION SURVEY

December, 1980

Big Horn County

1. Joe here in Hardin was a huge help to me last spring. I needed someone to "unload" upon and he gave me a very big "shoulder" and a very quiet "ear." I would never hesitate to visit him again if the need arises. Thank you.

Carbon County

1. I just wished this sort of help was available 20 years ago. There are a lot of people that could use this help that I know of, but don't want to be labeled insane.
2. The services provided by your Red Lodge satellite are excellent in every way, and the town and area are fortunate to have have someone of the caliber of Steve Mincer.
3. I felt a relief, knowing I was seeing someone about my problems, and yet it wasn't costing me an arm and a leg. I couldn't have afforded help any other way. I'm grateful, and I am planning to make an appointment soon with Yellowstone County as I just moved from Carbon Co. recently.

Fergus County

1. As the parent and guardian of (patient) I felt the visits to the Mental Health Center were very beneficial. I have high praise for the Lewistown Mental Health Center and its personnel and would recommend it to any one needing help.
2. I found the service very helpful when I needed someone to help me sort out my problems.
3. I don't know where I'd have been if it hadn't have been for Joanie, Dennis, and Dr. Dohner (staff in Lewistown) who have all done a marvelous job in getting me back on my feet after all the time involved. Their services were appreciated much more than words can say.
4. I liked the service that I received at the Center and it helped me very much. I have learned how to take care of my problems myself. Thank you.
5. The MHC is probably one of the most needed and beneficial services to come to Lewistown in a long time. Keep up the good work.
6. My wife wouldn't answer. (I'll answer) this for her as much as I can. I think she was helped a good deal at the Mental Health Center. At least she improved considerable while going there. She could be normal if she tried on her own by now.

Musselshell County

1. I think the Center is a very worthwhile and much needed part of our community.
2. Please give my compliments to Suzanne Feher and Ron Holland for their help here in Roundup.
3. We have a very good program going in Roundup. I hope you can manage to keep enough funds to keep it going at present level. Suzanne Feher and Ron Holland are exceptionally well qualified and very intuitive. It's nice to have them here.

Stillwater County

1. This mental health center is just what I needed to get my problems out in the open. I didn't think at first it was going to have nice people but it does. What happened last summer is forgotten pretty much but there are a few things I wish I knew but I feel better towards myself and my mother.
2. I left the Center due to a serious illness in my family. I feel my problems are yet unsolved and I plan to continue with my therapy when time permits.
3. My wife quit going so I think things would have gotten better if she would have kept going. I received some help there but one person can't make a marriage work it takes two. So the problem is still the same as it was. Maybe things will change maybe they will not. Time will tell.

Sweet Grass County

1. My husband was very depressed for a number of years and without Dr. Russell's help I'm not sure I could of handled it any more. (Patient) still has a hard time admitting this, but he is much improved. Dr. Russell gave me the courage I needed to deal with our problem. I feel he's a very understanding and personable Doctor.

Yellowstone County--Neighborhood Counseling Center

1. I was only in town long enough to get one counseling service but was very glad to receive the help that I needed on such short notice. Thank you all.
2. Keep up the good work!
3. Overall my experience at the Center was a very positive one, and indeed helped me over a major crisis in my life. For that I'm grateful beyond words. Thank you.
4. I have had many questions and answers; what I needed to know was how to go about doing them or the self reinsurance of myself. I know people you have helped and others still don't know what to do. It is a good program if and when both the counselor and the person work at it together to get it solved. Thank you.

5. Thanks so much for being there! Merry Christmas!

Yellowstone County--Main Office

1. I think it's better to have places like this than one place in this big state.
2. I have learned and grown a great deal because of the Mental Health Center. I would and have strongly recommended it to people.
3. The Center is doing a good job overall under difficult conditions.
4. The Center is helping me enormously. I would probably be dead without it.
5. The counselors have all been very helpful. The secretaries have also been helpful and friendly. I enjoy attending the sessions and try to be of encouragement to the others.
6. I feel that I am so lucky to be where there is a Mental Health Center. Without the people there I really believe I would be dead today, if it hadn't of been for their patience and understanding. God bless you.
7. When I first went to the Center I was a very depressed, mixed-up person. I got the help I needed--now I am a well-adjusted person and feel an important one.
8. I have been very satisfied with my treatment.
9. I love all the people I made contact with. I believe they were the kindest and most helpful of any people I've ever met.
10. Over a period of the last five years I have been fortunate enough to have John Taylor as my counselor. His dedication to his profession is unbelievable. He has treated me with the utmost concern, patience and capability. He has never let me down when I needed to talk, whether it was at his office or emergency calls at his home. In the past few weeks I have also had the pleasure of working with Dr. Collier, who extended the same genuine concern. The Center should be very proud to have these two fine men on the staff. Because of the extent of my problems, my mental healing will be a long, slow process. But thanks to the Center and the wonderful people you have working for you, I someday expect a complete recovery.
11. I thank everyone I was in contact with for the friendliness shown me. I feel great now. Your kindness was greatly appreciated.
12. I feel very fortunate to be in Billings where this service is available for those of us who need help, and I shall always be grateful. I also appreciate the fact that once I was able to cope on my own my counselor (Alice Rupp) gave me the option of return sessions if I felt myself slipping back. Right now I think will be okay, but I know where help is if I need it. Thanks!
13. I was very thankful the Center was there.
14. I was very happy with all my meetings with Wayne Smithberg at my home. He helped me understand my problems and as a result of his help I have been able to work satisfactorily at my job. I would recommend him to anyone.

Wheatland County

1. All in all I would highly recommend the services.
2. It helps to have someone to confide in when I need them.
3. The secretary at the Center is a very kind and swell person. I think when I visited the Center I got just as much good when I talked to her. She seemed that she was as interested in hearing me as in her own job. I also think that Mike has done me some good. As when I was in the hospital Mike came and saw me, which might have boosted me a little, because he asked me if something might be bothering me. Though at that time there wasn't. Thanks to you all who have helped me so much.

sor

SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER

NEGATIVE OPINIONS
FROM PATIENT SATISFACTION SURVEY

December, 1980

Big Horn County

1. Went 3 times and we both could tell we weren't getting any where. So I didn't go back.

Carbon County

1. Feel the increase in price was excessive. Would not go back at that price. Am not sure the advice was that helpful.
2. I felt the first few times I went, I was being told what I already knew and was being charged for it and it didn't help my situation any.

Musselshell County

1. I think it would help to ask the patients' problems more than to suppose.
2. I was forced to go to the damn classes. I am not an alcoholic so I don't need them.
3. My problem was marital and the reason for my middle of the road attitude on 4 and 5 was lack of cooperation on my spouse's part not as a result directly of the person I saw.

Stillwater County

1. I got harrassed too much.
2. I feel my counselor discussed my problems with other people without my permission.

Sweet Grass County

1. Possibly I expected too much from the person I saw, but I feel somewhat in limbo about the outcome of the sessions. I have learned and progressed, but I still feel the answers the Doctor gave me were not enough.

Yellowstone County--Neighborhood Counseling Center

1. Darleen Joyce helped me very much. The main reason I am not seeing her now is that \$10.00 a visit was just too much for me to pay. Four visits a month equals \$40.00. My bill got up close to \$200.00 very quickly. I just can't afford it.

Yellowstone County

1. I don't think they were friendly to me. Some of them. They don't seem to care.

2. A lack of physical touch and care expression has left me feeling quite cold a number of times.
3. The person I am seeing has not been available to give me as much time as I have sometimes needed. How many other patients is this person working with?
4. The Mental Health Center is a very needed group, however I guess I have a different type of problem and did find some one else that was familiar with my problem.
5. Your fees make it almost impossible for the very low-income people to seek your help. That is sad.

Wheatland County

1. The only objection I have is I was informed I wouldn't have to pay and at a later date the bill was sent to me. I didn't have the money at the time and it bothered me. I have now paid. Thank you.

sor

COST/BENEFIT ANALYSIS

DECENTRALIZED VERSUS CENTRALIZED
MENTAL HEALTH CENTER COMPUTER SYSTEMS

Prepared by:
South Central Montana Regional Mental Health Center
January, 1981

DECENTRALIZED SYSTEM--Region III System/34 Computer

--COSTS--

Expenses Estimated for FY1982 for Region III Data System

Salaries & Fringe Benefits	
Two Computer Operators	\$26,500.
Data Coord./DP Mgr./Programmer (.5 FTE)	11,500.
Contracted Services (.1 FTE Programmer)	2,000.
Supplies (Forms, Cards, Paper, Diskettes)	11,800.
Computer Maintenance Contract	4,000.
Depreciation on Sys/34 and Shredder (10-yr.)	6,500.
Program Rental (SSP)	<u>2,300.</u>
TOTAL	\$64,100.
Projected FY1982 Region III Budget	\$2,250,000.
Data System Costs as Percentage of Total Budget:	2.9%

--BENEFITS--

Reports

Refer to the following pages for a list of all the reports and other output from the Region III Sys/34 as of January, 1981, as well as a brief description of the function and frequency of each item of output. The statistical reports provide for accountability to all levels of funding sources with reliable, timely reports. The cards, patient lists, and payment report allow up-to-date information on patients and their accounts. Statements sent out close to the month of service allows the Center to maximize program income, thus decreasing reliance on other funding sources.

M H C REPORTS

<u>Report Name</u>		<u>Purpose</u>
Dailylog Entry Printout	Daily	Data entered from each log
Dailylog Edit Printout	Daily	Edits data from dailylog
Payment Entry	Daily	Lists payments keyed
Payment Edit-by date -by Patient #	Daily or on request	Edits payments prior to month end posting
Adjustment Entry	Daily	Lists Adjustment keyed
Adjustment Edit -by date -by Patient #	Daily or on request	Edits Adjustments prior to month end posting
Patient Admissions:	Daily	
Temporary Patient Adds		Lists Patients added to temp file
Patient Masterfile Edit		Edits temp master prior to posting to master file
Added Patients		Lists Pts. added to History file
New Patients		Lists Pts. added to Master file by status-readmit,new
Additions to Pcard		Lists Pts. that will have new cards printed
Patient Status Changes	Daily	Lists changes made to Masterfile
Guarantor Adds/Changes	Daily	Lists Guarantors being added or changes made to existing
Patient Messages Used	On request	Lists messages used for billing purposes on statements
Patient Cards:		
Rolodex-2 sets	Weekly	Prints current information from patient masterfile for secretary,receptionist, financial advisors reference
3x5-1 set		
GL011A-A/R Transactions Posted	Monthly	Billing-figures fees
LSDT2-Last Date of Service Update	Monthly	
GL040-Transaction Register	Monthly	Creates GL Entries by JNL #
AR011-Aged List of A/R by Patient	Monthly	
AR020-Aged List of A/R by Liability	Monthly	Detail Listing
AR105-Aged List of A/R by Liability	Monthly	Aged Analyst

<u>Report Name</u>		<u>Purpose</u>
Payment Update	Monthly	Lists payments posted to A/R Transaction File.
Adjustment Update	Monthly	Lists adjustment posted to A/R Transaction File
Guarantor Aging	Monthly	Lists guarantor #'s and names and pts. associated with each
Patient Listing- Alpha	Weekly or on request	Patients listed alphabetically with fees or can be without fees
Patient Listing- Numeric	Monthly	Patients listed numerically with fees or can be without fees
Guarantor Alpha Listing	Monthly	
Guarantor Numeric Listing	Monthly	
Clinician's Patient Caseload	Monthly	Patient caseload by Case Manager (includes fees)
Contact Statistics: Legal Residence Servicing Unit	Monthly	
Action Volunteer Report	Monthly/Quarterly or request	
Employee Time Report: Time Report by Discipline	Monthly/Quarterly	
Time Report by Employee	" "	
Time Report Grand Totals	" "	
Patient Listing of Ex-WSSH Patients	Monthly	
CSP Patient Listing - Alpha	Monthly	
CSP Patient Listing - Numeric	Monthly	
Alcohol Admissions/Discharges	Monthly	Lists Alcohol pts added or discharged for month
Alcohol Patient Listing - Alpha	Monthly	
Alcohol Patient Listing - Numeric	Monthly	
Alcohol Monthly Reports: Beginning Caseload	Monthly	
Monthly Summary Report by County Regional Summary		
Unduplicated Count of Alc Pts Served County Regional Summary		

Report Name

B C R R

Purpose

Report Name

Purpose

Alcohol Monthly Reports -cont.

Unduplicated Count of Non-Alc Pts Served
County
Regional Summary

Alcohol Patients Deleted by Program AL12

Alcohol Caseload Count

Monthly Alcohol Caseload Report
by Clinician

Alcohol Patients Ending Caseload
by Patient #
by Alcohol #

M I S Statistics:
Intake Report

Monthly/Quarterly

Termination Report

Unduplicated Count
Total Center
Alcohol
Non-Alcohol

Caseload Reports

Services by Ages
Total Center
Non-Alcohol
Alcohol
Aftercare
Ex-WSSH Non-Alcohol
Ex-WSSH Alcohol

Payroll:

Checks

Semi-monthly

Edit

Semi-monthly

Prior to Check run

Check Register

Semi-monthly

Employee Contribution Report

Monthly

PERS Report

Monthly

941 Report

Quarterly

Workmans Comp Report

Quarterly

Unemployment Insurance Report

Quarterly

W-2's

Annually

In addition to these regular reports and other output, Region III responds quickly to numerous special data requests, both internal as well as external. Examples of such special requests include: data on Spanish/American patient services for the Department of Institutions; data for a wrap-up review of the Older Adult Services grant; data for an annual review of the ACTION grant; data for an annual review of the Children's Grant; data for the funds review by the Yellowstone County Commissioners; data for JCAH surveyors on utilization of services; and data to present to the legislature to accurately portray Center services, productivity, and outcome results.

Assets

The IBM System/34 computer is wholly owned by Region III and is, therefore, a valuable fixed asset. In addition, the Data Processing staff have developed a complete package of mental health services computer programs which is also a valuable asset.

Intangible Benefits

Confidentiality of patient demographic and service utilization as well as Accounts Receivable data is maintained within our own system by having an in-house computer.

All input information for a day for a clinician is collected on one Daily Log form as compared to one input page per patient visit under Region III's contracted computer services at Deaconess Hospital. This has meant a tremendous savings in time and frustration for Center staff, allowing more time for clinical work.

There has been an amazing savings of staff work and travel time gained by going from an out-of-house to an in-house computer. Staff used to transport diskettes and output to and from Deaconess Hospital (who managed our information system on its System/3 prior to Region III's acquisition of a System/34) several times a month as well as spend time on the telephone to Deaconess staff and be involved in programming meetings with Deaconess staff.

Region III can output special reports quickly following a request for data with no added cost to the Center. This is as compared to a minimum three-month time lag and \$400 charge for special data requests to Deaconess Hospital. Another example of lag when an out-of-house computer is involved is represented by the year it took the Division of Alcohol and Drug Abuse to fill our request for a list of open alcohol program patients which we needed to balance our caseload with the state's caseload.

Region III's data input and output programs are tailored to our needs and can be modified quickly as becomes necessary.

Our up-to-date patient information (cards, patient lists, and payment lists as well as instant Inquiry into the patient master file by Computer Operators or Financial Advisors) allows for instant, accurate response to patient calls and accurate on-the-spot fee-setting which encourages payment at time-of-service.

Region III has developed and now has available numerous regular reports that allow quick fulfillment of accountability requirements that were not available under the old data system. Most time-consuming and potentially inaccurate hand-tallying has been eliminated.

Patient statements are mailed out earlier in the month under the new system. As more and more of the Accounts Receivable clerical work is computerized (such as printing Medicaid claims versus hand-typing them), the Financial Advisors are able to stay caught up on billings and be involved in financial assessments of patients.

With an in-house computer and programming capability by staff, Region III no longer has to translate programming needs to other people not highly knowledgeable of mental health service data needs. Also, Region III no longer has to suffer the misunderstandings, errors and delays concomittant with having a non-programmer try to make clear our data needs to an out-of-house programmer.

CENTRALIZED SYSTEM--Department of Institutions System/38 Computer

--COSTS--

Expenses Estimated for FY1982 for Region III Data System

Salaries & Fringe Benefits	
Two Computer Operators	\$26,500.
Data Coord./DP Mgr./Programmer (.5 FTE)	11,500.
Added State Personnel (1/5 of cost)	
Data Coordinator (1 FTE for \$20,000)	4,000.
Two Operators (2 FTE for \$24,000)	4,800.
Two Programmers (2 FTE for \$40,000)	8,000.
Contracted Services (.1 FTE Programmer)	2,000.
Supplies (Forms, Cards, Paper, Diskettes)	12,800.
System/38 Maintenance Contract (1/5 of cost)	2,500.
System/38 Depreciation (1/5 of \$22,500 per year)	4,500.
Telecommunications Line Lease (\$500/mo./Ctr.)	6,000.
Program Rental (1/5 of cost)	400.
Depreciation on Tubes/Printer for Center	1,500.
Modems for System (1/5 of \$500)	100.
	<hr/>
TOTAL	\$84,500.

Projected FY1982 Region III Budget \$2,250,000.

Data System Costs as Percentage of Total Budget: 3.8%

NOTE: The above is an estimate for a fully functional year. At least the first start-up year could be as much as 30% more expensive than this (or \$109,850).

ADDED REGION III COST FOR ONE YEAR:

Cost with Centralized Sys/38	\$84,500.
Cost with Region III Sys/34	- 64,100.
ADDED COST FOR REGION III	<hr/> 20,400.

Other Direct and Indirect "Costs" to Region III

Assuming the Center would time-share the central computer with both the Department and the other four mental health centers, there would be time continually lost for data input, programming, and data output that is not now lost with an in-house computer.

There would be a serious breach of our promise of confidentiality of patient information if this patient information were to be stored in a computer in Helena.

If there were a central computer in Helena with no telecommunication with the Center, the Center would be back to Square One in the development of a usable, responsive management information system. Untold time would be spent mailing input and waiting for output and there would be little or no flexibility for data requests or modifying the data system.

Assuming all five Centers would have to convert to one central data system, a minimum of one to two years would be spent (lost) in the conversion effort.

If existing Center staff are retained and the central computer uses RPG III (which a Sys/38 does) or any other programming language other than RPG II (used on both Sys/32 and Sys/34), Center staff would require training in the new language as well as time to become proficient in its use. The alternative--replacing staff with a programmer knowledgeable in the new language--would also lose Center time orienting this person to Center operations, because the programmer does other job duties in addition to programming.

If all five useful, productive data systems at the five Centers are scrapped or grossly modified in order to centralize, years of dedicated, painstaking work and effort will have been lost. Potentially, staff may also leave, thus losing years of knowledge and experience of Center operations as well.

It is conceivable that on-line capabilities (up-to-date patient information) would be lost for up to one or two years during the conversion process.

The three Centers (Regions I, II, and III) that own computers would lose these fixed assets and suffer additional loss in the difference between original purchase price (Region I \$40,000; Region II \$30,000; Region III \$60,000) and current market value (Region I \$10,000; Region II \$10,000; Region III \$40,000) of each computer (total loss of \$70,000).

Double costs would be incurred during the time (at least two to three months) when the Centers would have to run their own systems concurrently with the central system.

--BENEFITS--

The State would gain a new computer as a fixed asset.

Some money would be regained if the three Centers who own computers sell them.

The State would gain new staff to operate and program the new computer.

The State would gain control over the Centers' data operations. In essence, the Centers would probably end up functioning as state agencies.

CONCLUSIONS

All five mental health centers in the state of Montana have viable, productive computer systems, either in-house or via a data service, capable of producing all data thus far requested not only by the State, but by other bodies concerned with accountability. The cost is reasonable (2.9% of budget) given the valuable benefits produced in the form of accountability and management reports, payroll, billing, and the flexibility for special data requests. A shift to a new, centralized system would be costly to both the Centers and the State in terms of purchase of hardware, software conversion, and disruption to the Centers' operations caused by a one-to-two-year conversion. For Region III, going from an in-house computer system to an out-of-house system in another city would be a giant step backward in efficiency and accountability, worse than going from our present system back to service with Deaconess Hospital.

The logical and best conclusion for all concerned is to choose to support the Centers' existing systems.

SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER

Computer Costs
FY '79

During FY '79 - Computer Services were contracted thru Deaconess Hospital

	<u>FY '79</u>
Deaconess	\$21,460.67
Miscellaneous Contract Service, File, shredding	220.71
^{nel} Personal	
2 Keypunch Operators	19,935.72
Swearingen 30% 14,442.86	4,332.86
Rent on Data Recorder	3,319.19
Supplies	<u>4,612.45</u>
TOTAL FY '79 Cost at Deaconess	\$53,881.60

Other FY '79 Cost - Attributable to the In-house Computer paid in FY '79

Computer Class and Travel (Ann and Jacque)	\$5,847.40
Program Purchase for Great Falls MHC	<u>4,000.00</u>
	\$9,847.40

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SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER

Computer Costs
FY '80Total Actual Cost of Data Processing

Fixed Assets - Data Processing

	<u>Book Value</u>		<u>Yearly Depr.</u>
Paper Shredder and Funnel	732.00	10 yr. life	73.20
Computer: 5340/C24 System Unit			
2111/001 Printer			
52511016 Display Station	62,633.00	10 yr. life	6,263.30
Burster	1,759.24		<u>14.66</u>
TOTAL Fixed Asset - Depreciation Expense			\$ 6,351.16

Personnel

2 Keypunch Operators - Salary and Fringe Benefits	23,437.64
25% of Ann Guthals 17,807.31	4,451.83
30% of J.M. Swearingen 15,980.35	4,794.11
Don Jones - Programmer - Contract Service	<u>11,307.30</u>
	\$43,990.88

Contract Service - Deaconess Hospital

Payroll, Conversion Cost, Separating Statements, etc. (4,000)	7,647.73
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Supplies - All to 08 Cost Center - Adm., Logs, Cards, Disketts	10,601.03
Miscellaneous Office Supplies	517.16

Rent RPG II Programs	3,285.00
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Repairs and Maintenance - Computer	3,778.00
Other Office Equipment	242.50
	<u>26,071.42</u>

TOTAL FY '80 - Cost -	\$76,413.46
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Miscellaneous Travel to C.S. 08	<u>871.93</u>
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	<u>\$77,285.39</u>
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DK/sor

BUDGET PROPOSALS

1982-1983

Community Mental Health Centers

Initial Budget - \$18,771,019

Modified Budget - \$17,438,633

Percent of Budget	Services Ranked	Yearly Units	1982 CPU	Total Dollars	1983 CPU	Total Dollars	1982 CPU	Total Dollars	1983 CPU	Total Dollars
67.48	Transitional	20,254	46.29	937,557	50.81	1,029,106	42.68	864,545	47.54	963,023
13.22	Partial	131,037	9.03	1,183,313	9.91	1,298,577	8.32	1,090,581	9.27	1,214,805
2.56	Emergency	4,436	52.04	230,850	57.13	253,480	47.97	212,836	53.44	237,080
4.82	Inpatient	5,675	76.01	431,358	83.43	473,485	70.06	397,626	78.04	442,917
55.36	Outpatient	111,572	44.04	4,953,798	48.74	5,438,019	40.93	4,566,914	45.59	5,087,114
13.54	Consultation & Education	22,333	54.25	1,211,566	59.55	1,329,930	50.01	1,116,980	55.74	1,244,212
100.00				8,948,442		9,822,577		8,249,482		9,189,151
	General Fund			4,474,221		4,911,289		4,124,741		4,594,575
	Federal							1,129,045		169,729
	County							418,681		435,334
	Fees & Reserves							1,954,631		2,023,643
	Other							199,636		200,035

Total other than General Fund
Additional Funding Required

3,702,043
422,698
4,124,741

2,828,741
1,765,834
4,594,575

Narrative

1. The modified budget requests 50% funding participation from the General Fund.
2. The modified budget brings the CMHC's benefit package in line with that provided by the state.
3. Salaries which were contested by the LFA and the Executive Branch have been reduced to comparable state salary levels, regarding General Fund support.
4. The modified budget will maintain the FY 80 service level, only.
5. The cost per unit is a proposed uniform fee schedule. Transitional units equal days; C & E equal staff hours; and all other services equal client hours.
6. The modified budget excludes educational conference and training, out-of-state travel for board members, accreditation expenses, and minimally funds data processing recruitment advertising, printing, and building and vehicle maintenance from General Fund support.

COMPARISON OF CHMC SALARIES AND BENEFITS
TO THOSE OF STATE GOVERNMENT

TOTAL FIE'S 42.5 72.25 79.33 49.5 52.85 296.43

State I II III IV V

State Pay Matrix	Same	+ 600	Same	+ 360	Same
1st step increase	1 year	1 year	July 1	1 year	1 year
Cost of living	Same	Same	Same	Same	Same
Health Insurance	899.76	768	720	912	720
ERS/Retirement	Same	Same	Same	Same	5.95%
CSA/Retirement	Same	Same	Same	Same	Same
Unemployment Ins.	Same	Same	Same	Same	Same
Forfeiture's Comp.	Same	Same	Same	Same	Same

FIE'S 11 21 22.75 13.5 16.7 84.95

Secretary - Gr. 8, Step 1	9,746	10,346	9,746	10,106	9,746
1st 6 months	899.76	768	720	912	720
2nd 6 months	604.25	641.45	604.25	626.57	579.89
1ST YEAR	648.11	688.01	648.11	672.05	604.25
Health Insurance	11,898.12	12,443.46	11,718.36	12,316.62	11,650.14
ERS/Retirement	(115.35)	429.99	(295.11)	303.15	(363.33)
CSA/Retirement	(1,268.85)	9,029.79	(6,713.75)	4,092.53	(6,067.61)
TOTAL					

Difference (363.33) (6,067.61)

Cost of Savings to State 303.15 4,092.53

FIE's Professional - Grade 15	315	51.25	56.58	36	36.15
Step 1					
1st 6 mos.	17,684	18,284	17,684	18,044	17,684
2nd 6 mos.	18,604	768	720	912	720
1st Year	18,144	1,133.61	1,096.41	1,118.73	1,052.20
Health Insurance	899.76	1,215.89	1,175.99	1,199.93	1,175.99
ERS/Retirement	1,096.41	21,401.50	20,676.40	21,274.66	20,632.19
CSA/Retirement	1,175.99				
TOTAL	20,856.16				
Difference	(339.35)	205.99	(519.11)	79.15	(563.32)
Contribution from State	(10,689.53)	10,556.99	(29,371.24)	2,849.40	(20,364.02)
					(47,946.29)

01/29/81

EMPLOYEE LISTING

PAGE 1

EMPLOYEE NAME	DATE HIRED	GR	STEP	HR.	RATE	REG.	HRS	STATE CLASSIFICATION TITLE	F.B.'S	ANNUAL SALARY	TOTAL SALARY AND F.B.'S
ANDERSON, PEARL	100169	9	8	6.075	86.67			Secretary III	808	6,318	7,126
BALSAMO, JOSEPH	12130	15	8	10.116	173.33			Psychologist III	3,610	21,041	24,651
BINKLEY, BRUCE	50977	7	6	6.875	173.33			Psychiatric Aide I (Group Home Supervisor)	2,583	14,300	16,883
BOYLE, LORNA	21380			3.350				Hourly Janitor	365	3,484	3,849
BROPHY, KATHRYN	60174	10	5	6.190	130.00			Statistical Tech. II	1,492	9,656	11,148
BROWN, DIANNE M	71180	8	1	4.686	173.33			Secretary II	1,945	9,747	11,692
BURNS, SANDRA R	81678	14	2	8.212	173.33			Psychologist II	3,255	17,081	20,336
BARR, JOAN	101579	9	2	5.355	173.33			Secretary III	2,141	11,138	13,279
BERNOHLAVEK, COLLEEN	62077	8	5	5.261	173.33			Computer Operator I	2,112	10,943	13,055
CHRISTIE, JACQUELYNE	11780	9	2	5.355	173.33			Secretary III	2,134	11,138	13,272
CLARK, THERESA	111479	12	2	6.867	173.33			Counselor, Drug Rehab.	2,581	14,283	16,864
COLLIER, KENNETH	22475	18	12	14.345	173.33			Psychologist VI	3,066	29,838	32,904
CONNOLLY, MARY	41177	9	6	5.825	173.33			Medical Records Tech. II	2,278	12,116	14,394
DEROECK, DIANA	41877	9	4	5.586	173.33			Acct. Tech. I/Fin. Advisor	2,208	11,619	13,827
DEES JARLAIS, DELORES L	62579	8	4	5.150	173.33			Secretary II	2,081	10,712	12,793
DORN, ELRENE	31671	9	8	6.133	173.33			Secretary III	1,576	12,756	14,332
GEBAKKEN, KATHRYN	121278	8	4	5.150	86.67			Secretary II	1,577	5,356	6,933
GEMO, ARNOLD	10177			3.500				Hourly Janitor	191	1,820	2,011
ENGLISH, MARGARET S	82580	14	1	7.804	173.33			Program Mgr. III	3,093	16,232	19,325
VERTON, VALORIE	121674	13	5	8.027	173.33			Social Wkr. III	2,920	16,696	19,616
HEHER, SUZANNE	61278	13	2	7.470	173.33			Psychiatric Nurse I	2,758	15,538	18,296
JELSTAD, SANDRA	50176	9	8	6.075	173.33			Acct. Tech. I	2,351	12,636	14,987
RANKEL, CHERIE A	90178	13	4	7.786	86.67			Psychologist I	1,283	8,098	9,381
RICKLEY, WILLIAM A	62480			3.100				Hourly Janitor			
ATZ, MILDRED	91674	9	8	6.133	173.33			Secretary III	2,627	12,757	15,384
LUTHAIS, ANN	70177	17	7	10.631	0.00			Data Processing Mgr. III	2,420	16,584	19,004

EMPLOYEE NAME	DATE HIRED	GR	STEP	HR.	RATE	REG.	HRS			
HARRIS, SHARON	90171	17	5	11.406	108.31		14,825	Chief/Aging Services	2,232	17,057
HAZEL, THEODORE	41778	12	4	7.159	173.33		14,891	(Older Adult Ser. Admin.) Counselor, Drug Rehab.	2,665	17,556
HEKKE, JERRY	73079	7	2	6.315	173.33		3,484	Psychiatric Aide I (Group Home Supervisor) Hourly Janitor	365	3,849
HENLEY, DAVID	70279			3.350			13,980	Social Wkr. I (Community Placement Counselor)	2,537	16,517
HENRY, KAREN A	121376	11	5	6.721	173.33		9,567	Secretary III	1,928	11,495
HERBERT, BARBARA	31174	9	8	6.133	130.00		13,691	Social Wkr. I	2,498	16,189
HILARIO, HARRIETT	20777	11	4	6.582	173.33		14,891	Program Mgr. II (Acute Day Treat. Mgr.)	2,665	17,556
HILL, PATRICIA	121775	12	4	7.159	173.33		23,724	Psychologist V (Rural Ser. Admin.)	2,669	26,393
HOLLAND, RONALD	111973	17	5	11.406	173.33		22,216	Program Mgr. V - Psychiatric Nurse (Alternative Ser. Admin.)	3,975	26,191
HONAKER, MARY	70173	16	6	10.681	173.33		17,799	Psychiatric Nurse III	3,154	20,953
HOUGH, PEGGY	60178	14	4	8.557	173.33		16,355	Social Wkr. III	2,538	18,893
HUENNEKENS, HELEN	112574	13	4	7.863	173.33		64,056	Unclassified - Psychiatrist (Regional Mental Health Director)	9,551	73,607
HUGHETT, BRYCE G	90169			30.976	173.33		13,705	Psychiatric Aide I (Group Home Supervisor)	2,500	16,205
JONES, DEBORAH L	111578	7	4	6.589	173.33		16,195	Accountant III	2,849	19,044
KASBERG, DEBORAH A	103078	4	13	7.786	173.33			Hourly Janitor		
KENNEDY, DAVID W.	60280			3.100				Hourly Janitor		
KING, RICHARD P.	61780			3.100				Hourly Janitor		
LABRIE, EDDIE	51280			3.100				Hourly Janitor		
LODMAN-SLATER, BARBARA	50977	12	5	7.309	173.33		15,203	Psychiatric Nurse I	2,710	17,913
MAGGIO-STOCKTON, JOAN	120875	14	6	8.996	104.00		11,227	Psychiatice Nurse III	1,782	13,009
MASON, COLIN L	82079			3.100			22,216	Hourly Janitor		
MINCER, STEVEN W	111973	16	6	10.681	173.33			Psychologist IV	2,560	24,776
MINTER, JOHN C.	62480			3.100				Hourly Janitor		
MORRIS, JUDITH	82275	12	6	7.527	173.33		15,656	Social Wkr. II	3,016	18,672
MOYER, JOHN	101579	12	2	7.169	173.33		14,912	Program Mgr. II (Volunteer ACTION Coord.)	2,916	17,828
MUHS, SHELLY	51180			3.100				Unit		

EMPLOYEE NAME	DATE HIRED	GR	STEP	HR.	RATE	REG.	HRS						
RDOCK, JAMES W.	62480				3.350				Hourly Janitor	3,484	365	3,849	
TEBOOM, JOHN	120175	15	5	9.599	173.33				Psychologist III (Regional CSP Coord.)	19,966	3,479	23,445	
TTEN, SANDRA L.	110780	7	1	5.991	173.33				Psychiatric Aide I	12,461	2,324	14,785	
JULSEN, JAMES L.	110178	16	2	9.753	173.33				(Group Home Supervisor NCC Coord.)	20,286	3,599	23,885	
TERSON, MICHAEL D	121080	7	1	5.991	173.33				Psychiatric Aide I (Group Home Supervisor)	12,461	2,587	15,048	
TERSON, PENNY M.	62077	8	5	5.261	173.33				Computer Operator I	10,943	2,144	13,087	
TERSON, SHANNON	111477	9	5	5.704	173.33				Acct. Tech. I/Fin. Advisor	11,864	2,508	14,372	
TRASEK, FRANCES	102280				3.350				Hourly Janitor	3,484	365	3,849	
ERCE, DAVID	70174	15	5	9.599	173.33				Psychiatric Social Wkr. III	19,966	2,355	22,321	
MTHUN, DIXIE	40979	8	4	5.150	138.66				Medical Records Tech. I	8,570	1,788	10,358	
STAD, IRENE	70173	14	8	9.374	173.33				Occupational Therapist II	19,498	3,311	22,809	
ESINGER, CAROL	90280	8	1	4.686	173.33				Secretary II	9,747	1,945	11,692	
AN, ELIZABETH ANN	20573	9	8	6.133	173.33				Secretary III/Mental H. Wkr. III	12,757	1,907	14,664	
BINSON, JUDY	121878	7	4	6.589	173.33				Psychiatric Aide I (Group Home Supervisor)	13,705	2,500	16,205	
DRIGUEZ, DAVID	120175	12	4	7.222	173.33				Program Mgr. II (Rainbow House Mgr.)	15,022	2,683	17,705	
DRIGUEZ, SHEILA	41679	8	2	4.937	173.33				Secretary II	10,269	2,018	12,287	
PP, ALICE	51562	15	11	11.048	173.33				Psychiatric Social Wkr. III	22,980	3,878	26,858	
SSELL, PHILLIP L	71976	18	4	12.082	173.33				Psychologist VI (Also R & E Co-Admin.)	25,130	4,182	29,312	
UTER, JACK	11579	11	4	6.871	173.33				Counselor, Alcohol Social Wkr. I	14,292	2,759	17,051	
ARBOROUGH, ROGER N	92677	11	4	6.582	173.33				Social Wkr. I	13,691	2,752	16,443	
MITZ, RUTH A	71680				3.100				Hourly Janitor				
HOENTHAL, GALEON	70179	8	2	4.937	173.33				Custodial Wkr. IV (Out Janitorial Super.)	10,269	2,417	12,686	
HREIBER, SCOTT	60178	13	4	7.786	173.33				Psychologist I	16,195	2,946	19,141	
OTT, DENNIS R.	120880				3.350				Hourly Janitor	3,484	365	3,849	
LF, MARGIE	90776	16	4	10.161	173.33				Program Mrg. V - Psychologist (Admin. of Chemical Dep. Ser.)	21,135	3,750	24,885	
FVERS, PATRICIA D	112880	6	1	3.995	173.33				Custodial Wkr. II (Out Janitorial Assit. Super.)	8,310	1,843	10,153	

EMPLOYEE NAME	DATE HIRED	GR	STEP	HR.	RATE	REG.	HRS					
ILVERMAN, JUDITH C	90479	7	2	5.437	86.67			Psychiatric Aide I - Social Wkr. I	11,309	2,433	13,742	
		11	2		86.67			(Group Home Supervisor)				
LAVENS, LARAINÉ	62979	8	5	5.261	173.33			Switchboard Op. III	10,943	2,384	13,327	
MITH, JOAN	20178	12	2	6.867	173.33			Social Wkr. II	14,283	2,581	16,864	
								(Co-Op Mgr.)				
MITHBERG, WAYNE	31979	15	4	9.320	173.33			Psychiatric Social Wkr. III	19,386	3,376	22,762	
POLYAR, DAVID E	20480	18	4	12.082	173.33			Chief, Adm. Services	25,131	4,285	29,416	
TACEY, CONNIE K	70780	8	1	4.686	86.67			(Deputy Director)	4,873	1,320	6,193	
TRONG, MAURICE	10177			3.500				Secretary II	1,820	191	2,011	
								Hourly Janitor				
TUEHM, MICHAEL	12180	15	2	8.944	173.33			Psychologist III	18,604	3,491	22,095	
AYLOR, DIANE J	32173	12	6	7.527	173.33			Adm. Assistant IV	15,656	1,803	17,459	
AYLOR, JOHN R	70859	18	8	13.586	173.33			Psychologist VI	28,259	4,615	32,874	
								(Also Adm. Spec. & Urban Serv.)	12,116	2,278	14,394	
HOMPSON, MARY ELLEN	12177	9	6	5.825	173.33			Secretary III				
ODDEN, JON F	92071	16	5	10.465	173.33			Psychiatric Social Wkr. Super.	21,767	3,823	25,590	
WILLIAMS, LINDA	101876	15	6	9.710	86.67			Psychiatric Social Wkr. III	10,098	2,271	12,369	
ELSON, SHELLY	52760			4.000				Yard Crew Super. - Hourly				
DOLSTON, WILLIAM DEE	101079	18	2	11.599	173.33			Psychologist VI	24,126	4,151	28,277	
								(Also, Adm. of Children's Serv.)				
JOYCE, DARLENE	10581	11	2	6.371	173.33			Social Worker II	13,250	2,383	15,633	
VACANCY - J. Swearingen	1.00 FTE	15	1					Data Processing Manager	17,684	3,194	20,878	
Nurse - RHI	1.00 FTE	12	1					Psychiatric Nurse I	13,570	2,683	16,253	
Yard Crew	1.00 FTE							Hourly Janitors	7,280	763	8,043	

*** Position for which an equivalent State Classification isn't available.

TOTAL

1,260,604

217,360

1,477,964