MINUTES OF THE HOUSE APPROPRIATIONS SUBCOMMITTEE ON INSTITUTIONS February 9, 1983

Side 55 The meeting was called to order at 8:10 a.m. in Room 108 of the Capitol Building.

Members present were Sen. Mark Etchart, Sen. Bill Thomas, Rep. Bob Thoft, Sen. Donald Ochsner, Rep. Steve Waldron, and Rep. Glenn Roush.

Also present were Norm Rostocki of the Legislative Fiscal Analyst's Office (LFA), Bill Gosnell of the Governor's Office of Budget and Program Planning (OBPP), Carroll South, director of the Department of Institutions, Jerry Hoover, administrator of the Mental Health and Residential Services Division (MHRSD), Keith Wolcott, and Dan Anderson, auditors for the MHRSD.

## MENTAL HEALTH AND RESIDENTIAL SERVICES DIVISION

(033) Mr. South introduced Jerry Hoover, Keith Wolcott, and Dan Anderson of the MHRSD. He then gave an overview of the Division. This division oversees the Community Mental Health Centers and provides funding for the centers. The centers also have to charge fees based on the ability to pay and receive Medicaid payments from the Department of Social and Rehabilitation Services for those patients that are Medicaid eligible.

The Department of Institutions had to establish criteria for patients that would be paid for with state funds (see Attachment 1). The State would pay for patients that rate a 6 or below on this Functional Assessment Scale.

(143) Mr. Rostocki handed out the spread sheet which reflects the differences in the two budgets (see Attachment 2) and explained some of those differences. He noted that the Community Mental Health Centers receive some money from the counties. State law restricts the amount of money that the State pays into the Community Mental Health Centers not to exceed 50% of budget expenditures. There is a one time windfall because at the beginning of the block grant, the State received both categorical grants and the block grants to fund the same programs. Those funds can be used by this committee in any way that it deems appropriate. General Fund monies cannot be supplanted by the block grant funds.

Mr. Rostocki handed out a spread sheet to explain some of the options the committee has to distribute the available funds (see Attachment 3). He then explained the Medicaid funds that are available. The General Fund portion of the Medicaid funds, approximately 40%, comes out of the Department of Social and Rehabilitation Services budget.

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Institutions Subcommittee February 9, 1983 Page 2

The committee discussed the different options open to provide funding and the pros and cons of each option. Mr. Rostocki told the committee that these are only options and the committee can actually fund the MHRSD any way they want.

(510) Mr. South responded to the LFA's presentation. The funds pulled out of each individual institution for training was put into this Division which accounts for the large amount. The Department rents office space from the Department of Administration and cannot reduce that rent. Mr. South noted, however, that the OBPP made an error in including some lease payments for the word processing purchase contract in the area of Rent. That would decrease the Rent request to \$1,218 in FY'84 and \$1,097 in FY'85. In the area of Supplies and Materials, the LFA apparently neglected to include supplies for one of the two Xerox machines.

Mr. South addressed the funding options proposed by Mr. Rostocki. Mr. South expressed a real concern with Option 3. The committee discussed this option in more detail.

Side 56

(155) Mr. Rostocki brought up the fact that the MHRSD and the ADAD are spending money faster than they are getting it and the one-time fund balance now available will not be available next year. The committee discussed the fees charged for services at the Community Health Centers.

(254) Dave Briggs, director of the Southwest Mental Health Center, explained how they get funding from the counties. Powell County and Gallatin County do not participate in this program and consequently do not provide any funding for the Southwest Mental Health Center. Sen. Thomas voiced his concern that there are a large number of residents in Warm Springs and Galen from this area. Mr. Briggs explained that one of the reasons for this is the location: Warm Springs and Galen are in this district so are more convenient to the residents. He also explained that this area is in a financially depressed condition.

Mr. Briggs does not have any control over patients that are sent to these institutions because some are court ordered and some just walk in. He would like to have more

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Institutions Subcommittee February 9, 1983 Page 3

control because he feels, if people were required to go through the mental health centers, some of the people who do not really need the intensive services of these institutions can be screened out and treated at the Community Mental Health Centers.

(484) John Nesbo, Toole County Commissioner and chairman of the State Council of Community Health Centers, Inc., spoke from both sides in that he had to defend the county contributions because they are voluntary. He also supports funding the Community Mental Health Centers in order to keep funding at current level.

(607) Dick Hruska, business manager for the Community Mental Health Centers, handed out a survey done by the State Council of Community Health Centers, Inc. (see Attachment 4) which showed that, out of the 50 counties surveyed, the average was 1/3 mill for direct contribution and 1/3 mill for indirect contributions.

(630) Cliff Murphy of the Mental Health Association of Montana asked the committee that, whatever happens, he would like the centers funded at such a level as not to decrease the services offered at the present time. He outlined his reasons for asking this from the committee. The cutbacks cause a reduction in personnel which in turn causes a decrease in the number of people served.

Side 57

(002) Mr. Murphy believed that if some of these people could be treated at the beginning of their mental illness in the community mental health centers, they would not have to go to institutions such as Warm Springs and Galen.

Mr. Murphy suggested psychiatric wards be established in local hospitals which could keep people out of the institutions. Chairman Waldron noted that psychiatric wards in hospitals are far more costly than the institutions. The committee discussed some of the alternatives to institutionalization.

There was some discussion about the county funding. Sen. Thomas asked how Powell County and Gallatin County deal with their mentally ill if they do not contribute to the Southwest Mental Health Center. Mr. Briggs explained that they are either treated at MSU or go to a county that does contribute.

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The meeting was adjourned at 10:30 a.m.

Respectfully submitted:

<u>Alere Waldron</u>, Chairman Approved

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## VISITORS' REGISTER

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## FUNCTIONING ASSESSMENT SCALE

- Level 1: Dysfunctional in all four areas (personal self-care, social, vocational/educational, and emotional symptoms/stress tolerance) and is almost totally dependent upon others to provide a supportive protective environment.
- Level 2: Not working; ordinary social unit cannot or will not tolerate the person; can perform minimal self-care functions but cannot assume most responsibilities or tolerate social encounters beyond restrictive settings (e.g., in group, play, or occupational therapy).
- Level 3: Not working; probably living in ordinary social unit but not without considerable strain on the person and/or on others in the household. Symptoms are such that movement in the community should be restricted or supervised.
- Level 4: Probably not working, although may be capable of working in a very protective setting; able to live in ordinary social unit and contribute to the daily routine of the household; can assume responsibility for all personal self-care matters; stressful social encounters ought to be avoided or carefully supervised.
- Level 5: Emotional stability and stress tolerance are sufficiently low that successful functioning in the social and/or vocational educational realms is marginal. The person is barely able to hold on to either job or social unit, or both, without direct therapeutic intervention and a diminution of conflicts in either or both realms.
- Level 6: The person's vocational and/or social areas of functioning are stabilized, but only because of direct therapeutic intervention. Symptom presence and severity are probably sufficient to be both noticeable and somewhat disconcerting to the client and/or to those around the client in daily contact.
- Level 7: The person is functioning and coping well socially and vocationally (educationally); however, symptom reoccurrences are sufficiently frequent to maintain a reliance on some sort of regular therapeutic intervention.
- Level 8: Functioning well in all areas with little evidence of distress present. However, a history of symptom reoccurrence suggests periodic correspondence with the Center, e.g., a client may receive a medication check from family physician who then contacts the Center month y. or the client returns for bi-monthly social activities.
- Level 9: The person is functioning well in all areas and no contact with the MH/MR services is recommended.

Attachment 2

Fiscal Analyst's Page 450 - 460

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Attachment 3

## SURVEY OF COUNTY EXPENDITURES FOR MENTAL HEALTH SERVICES - FISCAL 1982

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atton	3,763	3,763.00	564.45							200.00		4,527.45
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Stillvater	5,598			•		140.00				100.00		1,200.00 14,226.00
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