

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON INSTITUTIONS

Call to Order: By Representative Menahan, on January 12,
1989, at 7:30 a.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Taryn Purdy, Associate Fiscal Analyst

Announcements/Discussion: None

HEARING - MENTAL HEALTH AND VETERANS' HOME

Tape No. 5A 24

Curt Chisholm, Director, Department of Institutions noted there were Mental Health Center Directors, staff and legislative liaison people in attendance to share with the committee their concerns about issues.

Bob Anderson testified that a Mental Health Bureau was created to handle all the mental health issues within the department. One of the primary purposes of that function is to distribute state and federal funds within the mental health centers along with establishing standards for mental health centers for doing evaluations, administering professional certification process for mental health professionals, conducting statewide mental health planning and also providing technical assistance to the mental health service providers either through the institutions or the mental health centers. The department has chosen almost exclusively to contract with the five regional mental health centers for services due to the quality and wide range of services the centers can provide throughout the state to a wide variety of people. One other service provider was added in 1983 by the legislature, the Friends of Youth in Missoula, Montana. Since fiscal 1982 the centers have been reimbursed on a fee for service basis.

Mr. Anderson stated that it cost 20% more in rural communities than it does in larger areas and that because of this difference the fees they have paid the centers have

been adjusted so that centers with high proportion of rural counties receive a somewhat higher reimbursement than do centers with fewer rural counties. The definition of rural county is any county that has less than 10,000 people. See page 2 of handout, Exhibit 1)

He concluded that in the fall of 1988 they conducted an extensive planning process and survey to try to improve the mental health system in Montana. The survey indicated that there are a lot of services they can't meet with the current resources they have. He pointed out four specific items which he thinks are a high priority and that again additional funding would probably be necessary to meet these services.

1. Need for additional case management
2. Need for additional group homes
3. Need for addition adolescent day treatment
4. Need for communities in some areas to establish better intervention in crisis programs so the mentally ill are not housed in jails

Dan Anderson, Chief of Mental Health Bureau, discussed the bureau's modified budget items, including the Homeless Block Grant, Human Resource Development Program, Community support program and Mental Health Planning Grant.

Steve Waldron, Executive Director of the Montana Council of Mental Health Centers, testified on the need for additional general fund support of the community Mental Health Centers. He passed out Exhibit 2, a state map representing the Mental Health System.

He introduced the following:

Stuart Klein, Region IV Helena
Bill Warfield, Chairman of Board for Region IV
Dick Hruska, Director of Mental Health Center in Great Falls
Larry Rapstad, Controller, Great Falls
Margaret Crowley, Business Manager Region V Missoula
Harold Gerke, Chairman of Montana Council
Frank Lane, Director of Eastern Montana Mental Health
John Nesbo, Director of Mental Health Center, Billings
Charlotte Stout, Personnel Director Region III
Jane Fisher, Clinician PHD Psychologist in Helena
Clark Anderson, Director Mental Health Center in Missoula
Joy McGrath, Executive Director of the Mental Health Association in Helena
John Thorson, Lobbyist, Mental Health Association

Mr. Waldron discussed the map he handed out and also passed out Exhibit 3, the Mental Health Center Client Data, and Exhibit 4 and 5, both showing budget needs.

Mr. Waldron passed out Exhibit 6, Funding Issues for Mental Health Centers.

Gene Haire, from the Mental Health Services, Inc. of Helena testified in support of additional funding for community mental health services. He introduced Larry Hedrick, from the Montana House who spoke in support of the mental health program as did Paul Devlin, also from the Montana House.

Cliff Murphy from the Mental Health Association passed out Exhibit 7 "In Touch in Montana", published by the Mental Health Association of Montana. He also testified in support of the mental health program.

Suzanne Taunt from the Montana Mental Health Association testified in support of the Mental Health program.

Don Harr, Psychiatrist from the Mental Health Center in Billings testified in support of the program.

Kelly Moore, who represents the Board of Visitors, testified in support and handed out Exhibit 8 (see attached)

Jane Fisher, Clinical Psychologist in Helena also testified for additional funding for mental health.

Chairman Menahan then closed the Hearing.

VETERANS' HOME

Taryn Purdy discussed the budget and handed out Exhibit 1, Department of Institutions, Montana Veterans' Home. .

Pat Estenson, Superintendent of Montana Veteran's Home, testified and described the Nursing Home care for Veterans.

Taryn described the executive and LFA levels and discussed the major issues in personal services and operating expenses, including whether to fund the HPI drug contract. She also discussed the issue included in the LFA current level of whether the Home should be closed.

Chairman Menahan commented about the Committee's trip

to the Veteran's Hospital yesterday.

Mr. Estenson and Mr. Paul Vendetti spoke in support of the home. The funding is basically general fund, VA reimbursement and patient accounts. Mr. Estenson was happy to have the committee visit the home yesterday and it gives the committee an opportunity to talk directly to the members and the staff. Their intent is to provide the best care for Veterans.

Testifying in support of the Veterans' Home were Hal Manson, representing the American Legion, John Sloan, Commander of Montana Order of Purple Heart, George Poston, United Veteran's Committee and a representative from the VFW who is a Vietnam veteran and testified in support of the Veterans' Home. John DenHerder and Dick Baumberger from the DAV, Lewis and Clark County testified in favor of the home.

ADJOURNMENT

Adjournment At: 9:42 a.m.


REP. WILLIAM MENAHAN, Chairman

WM/ms

1024.min

Exhibit 1

DEPARTMENT OF INSTITUTIONS
MONTANA VETERANS' HOME

<u>PERSONAL SERVICES</u>	<u>1990</u>	<u>1991</u>
Executive FTE	80.8	80.8
LFA Current Level FTE	<u>81.3</u>	<u>81.3</u>
Difference	(.50)	(.50)
Executive	\$1,738,332	\$1,750,890
LFA Current Level	<u>1,756,826</u>	<u>1,769,851</u>
Difference	\$ (18,494)	\$ (18,961)

- - - - - Personal Services Issues - - - - -

1. Appropriations Committee Policy

Positions Deleted: None

Vacancy Savings Added:	<u>1990</u>	<u>1991</u>
Executive	\$34,172	\$34,376
Current Level	\$69,051	\$69,439

2. Issue: Does the committee wish to include a .5 FTE pharmacist?
Funding of the HPI contract would eliminate this position.

3. Committee Issues

Committee Action

<u>OPERATING EXPENSES</u>	<u>1990</u>	<u>1991</u>
Executive	\$585,845	\$597,840
LFA Current Level	<u>556,788</u>	<u>572,570</u>
Difference	\$ 29,057	\$ 25,270

- - - - -Operating Expenses Issues - - - - -

1. Issue: Does the committee wish to fund the HPI contract? The executive includes \$30,426 in fiscal 1990 and \$31,947 in fiscal 1991 for prescription services. The remainder of the difference in fiscal 1991 amounts to 1 percent of the total operating expenses.

2. Committee Issues

Committee Action

<u>EQUIPMENT</u>	<u>1990</u>	<u>1991</u>
Executive	\$12,590	\$ -0-
LFA Current Level	<u>5,827</u>	<u>5,827</u>
Difference	\$6,763	\$(5,827)

- - - - -Equipment Issues - - - - -

1. Issue: Does the committee wish to fund specific equipment items, or maintain funding at the average of the last three fiscal years' actual expenditures?

The executive funds a resident whirlpool and a replacement snow removal truck. LFA current level includes equipment at the average of fiscal 1986, 1987, and 1988 actual expenditures, which would fund the snow removal truck and a lawn tractor.

2. Committee Issues

Committee Action

<u>FUNDING</u>	1990		1991	
	<u>Exec</u>	<u>LFA</u>	<u>Exec</u>	<u>LFA</u>
Third Party	\$950,000	\$926,247	\$950,000	\$935,568
Vets' Admin	733,770	742,665	733,770	742,665
Canteen	20,764	20,764	20,764	20,764
Int. & Income	5,600	5,600	5,600	5,600
Total Third Party & VA	\$1,683,770	\$1,668,912	\$1,683,770	\$1,678,233

- - - - -Funding Issues - - - - -

1. Interest and income is derived primarily from land leases. Canteen funds are generated from the sale of canteen items to members.

Third party revenue is all private resources and insurance contributed by members for the cost of their care. A small amount of medicaid is also included. Veterans' Administration funding is a flat amount paid for each day a qualified veteran resides in the home, and totals \$20.35 per day in the nursing home and \$8.70 per day in the domiciliary. Veterans' spouses are not eligible for the payment.

General fund funds the remainder of all costs.

2. Committee Issues

Committee Action

**MODIFIED BUDGET
MONTANA VETERANS' HOME**

Registered Nurse - VA Standards

This modified budget adds 1.60 FTE (one post) registered nurse to meet new Veterans' Administration standards.

	<u>1990</u>	<u>1991</u>
FTE	1.60	1.60
Personal Services and General Fund	\$38,132	\$38,364

Committee Issues

Committee Action

**MODIFIED BUDGET
MONTANA VETERANS' HOME**

Social Worker - VA Standards

This modified budget would add 1.0 FTE social worker to implement individual plans and programs for domiciliary residents as a result of new VA standards.

	<u>1990</u>	<u>1991</u>
FTE	1.0	1.0
Personal Services and General Fund	\$20,318	\$20,333

Committee Issues

Committee Action

**MODIFIED BUDGET
MONTANA VETERANS' HOME
Nurse Aide - VA Standards**

This modified budget adds 1.0 FTE nurse aide position to establish weekend programs and activities for domiciliary residents in response to VA standards.

	<u>1990</u>	<u>1991</u>
FTE	1.0	1.0
Personal Services and General Fund	\$17,425	\$17,527

Committee Issues

Committee Action

**MODIFIED BUDGET
MONTANA VETERANS' HOME
OBRA Requirements**

This modified budget adds 1.17 FTE in fiscal 1990 to provide staff coverage while nurse aides are receiving required training, and supplies. Fiscal 1991 includes contracted professional services for medical and psychiatric review and quality assurance.

	<u>1990</u>	<u>1991</u>
FTE	1.17	0.0
Personal Services	\$18,805	-0-
Operating Expenses	<u>2,364</u>	<u>11,112</u>
Total Expenses	\$21,169	\$11,112
General Fund	\$21,169	\$11,112

Committee Issues

Committee Action

VISITOR'S REGISTER

INSTITUTIONS

SUBCOMMITTEE

AGENCY(S) VETERANS' HOMEDATE 1-12-89

DEPARTMENT _____

NAME	REPRESENTING	SUP- PORT	OP- POSE
HAL MANSON	AMERICAN LEGION	✓	
Larry Langfellow	VEW	✓	
George Poston	United Veterans Comm.	✓	
John E Sloan	MOPH	✓	
Herb Ballou	MOPH	✓	
Ally M. Gath	- M.H. Associate	✓	
MHAM - Mental Health	Budget	Increase	
Dick Baumbarger	DAV		
John Decker	Leg. Dir DAV Syn. of M	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
 IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

Services Purchased from Community Mental Health Centers in FY 1988

Emergency: 24-hour per day unscheduled assistance for adults and children experiencing an emotional crisis.

Client Hours Purchased: 5,282

Cost: \$296,381

5.8% of State Contract

Day Treatment: A day activity program for adults with severe mental illnesses. Includes therapy, socialization, recreation and vocational activities. There are two adolescent day treatment programs which include an educational component.

Client Hours Purchased: 127,172 *Helena & B. F.*

Cost: \$899,104

17.7% of State Contract

Transitional

Living: Residential (group home) services for adults. Includes some semi-independent living services.

Client Days Purchased: 45,493

Cost: \$1,279,664

25.2 % of State Contract

Outpatient Services

for Children/Adolescent: Individual, group and family counseling and psychotherapy services for people 0-17 years old.

Client Hours Purchased: 12,472

Cost: \$ 552,731

10.9% of State Contract

Inpatient: Counseling and psychotherapy services for persons who are hospitalized locally because of a mental disorder.

Client Hours Purchased: 4,682

Cost: \$ 443,998

8.8% of State Contract

Community Living Support: Coordination with other agencies, recreation activities and social support activities.

Client Hours Purchased: 44,361

Cost: \$ 495,513

9.8% of State Contract

Outpatient Services for Adults: Individual, group and family counseling services for people 18 and older.

Client Hours Purchased: 25,846

Cost: \$1,049,477

20.7% of State Contract

Consultation and Education: Working with other agencies and organizations to strengthen mental health knowledge in the community.

Staff Hours Purchased: 1,128

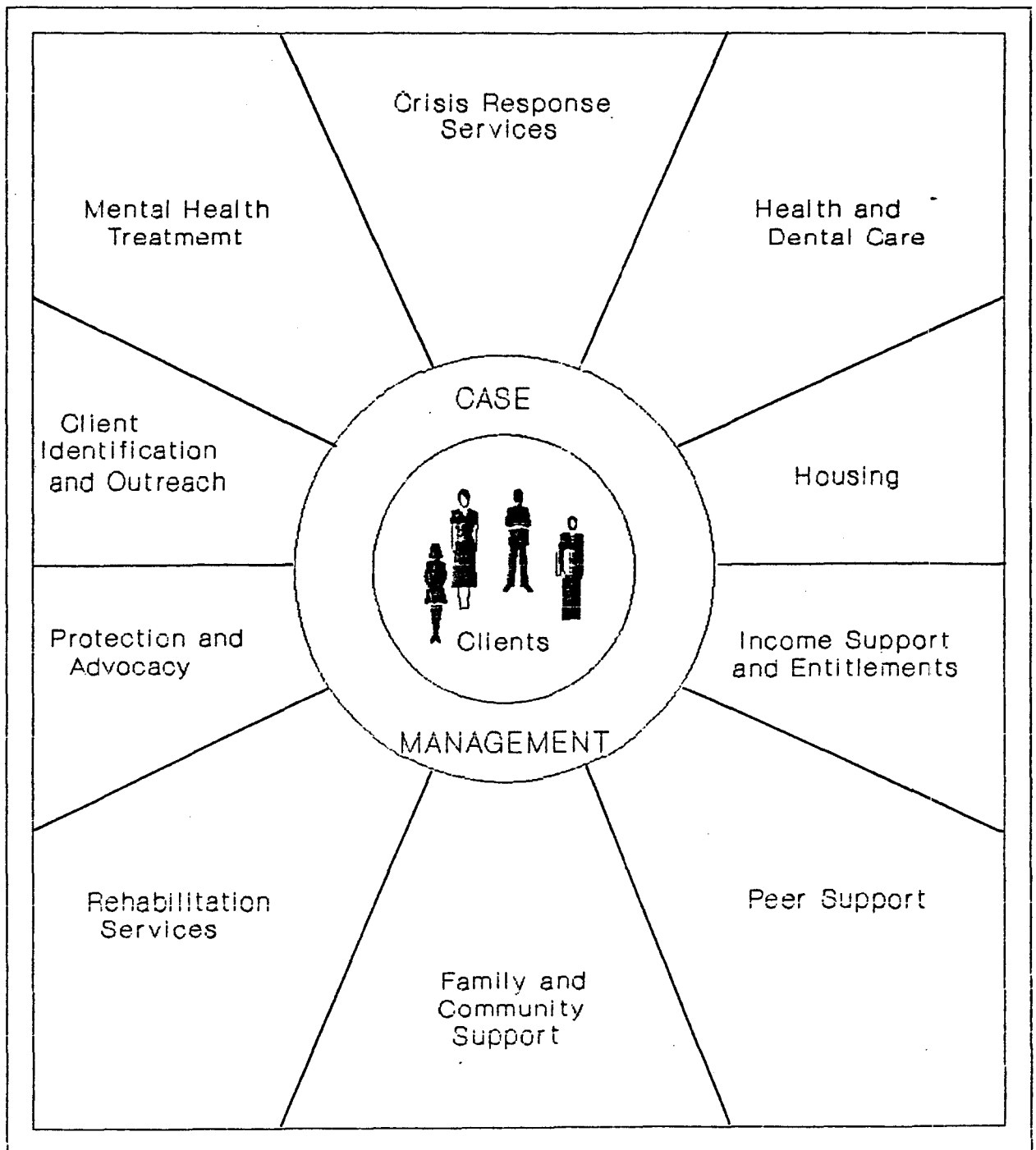
Cost: \$ 55,834

1.1% of State Contract

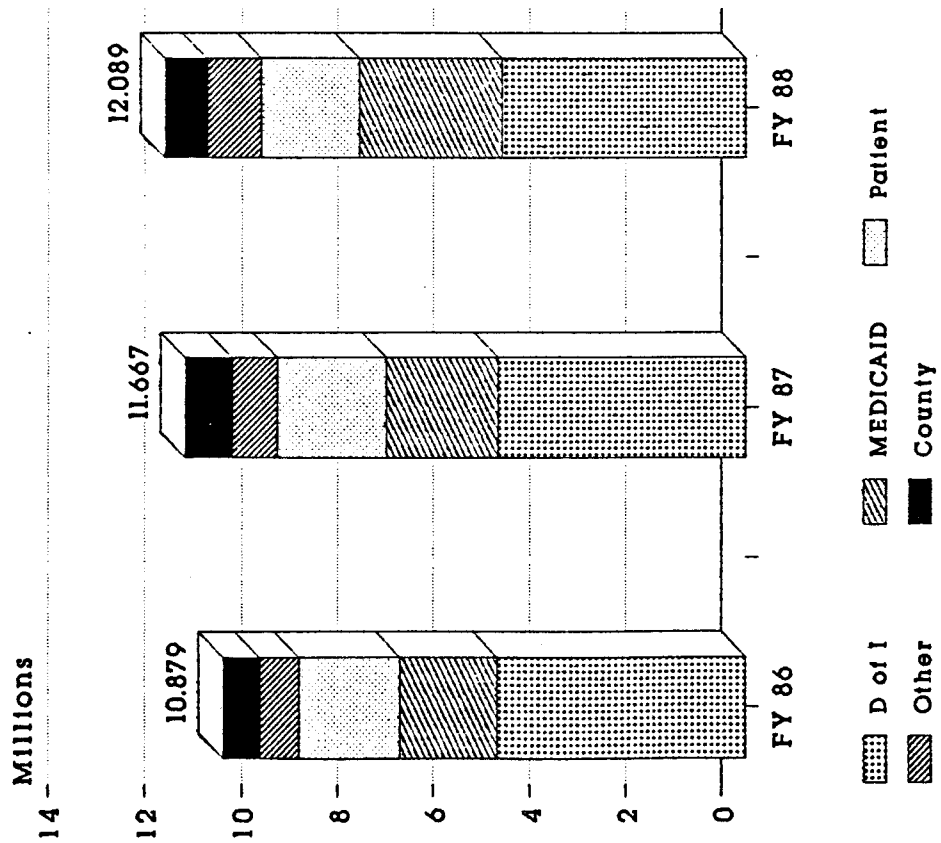
COMMUNITY MENTAL HEALTH CENTERS
FY89 ADJUSTMENT FOR RURAL SERVICES

	<u>Original Rate</u>	<u>Percent Rural Services</u>	<u>Revised Unit Rate</u>
Region I (Eastern)	\$ 36.89	66.6%	\$ 41.80
Region II (North Central)	\$ 35.39	20.2%	\$ 36.82
Region III (South Central)	\$ 33.46	30.3%	\$ 35.49
Region IV (South Western)	\$ 34.46	17.0%	\$ 35.63
Region V (Western)	\$ 34.37	13.1%	\$ 35.27

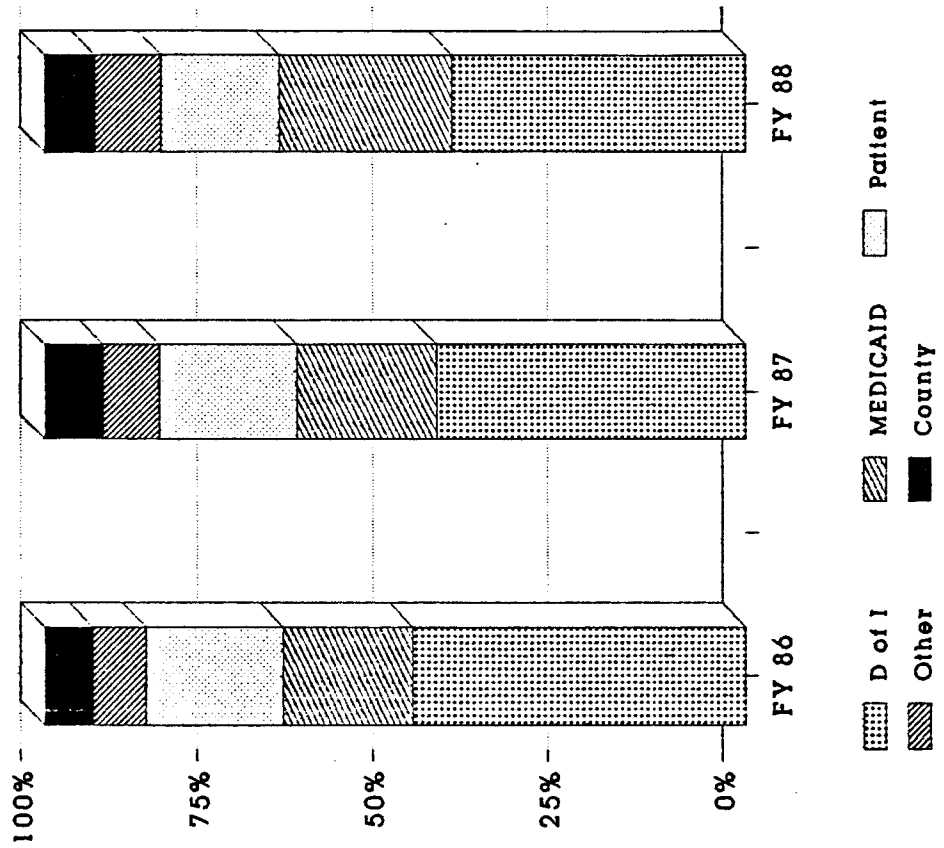
SYSTEM OF COMMUNITY SERVICES FOR ADULTS WITH CHRONIC MENTAL ILLNESS



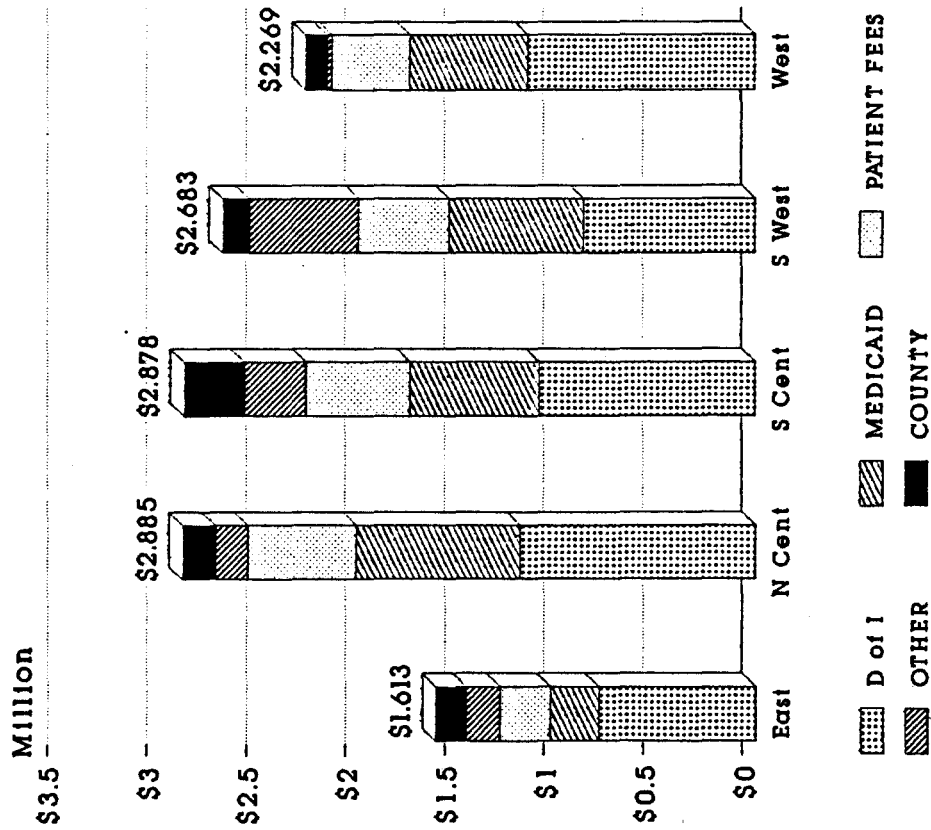
COMMUNITY MENTAL HEALTH CENTERS REVENUES BY SOURCE



COMMUNITY MENTAL HEALTH CENTERS REVENUES BY SOURCE



COMMUNITY MENTAL HEALTH CENTERS FY 88 REVENUE BY SOURCE



COMMUNITY MENTAL HEALTH CENTERS FY 88 REVENUE BY SOURCE

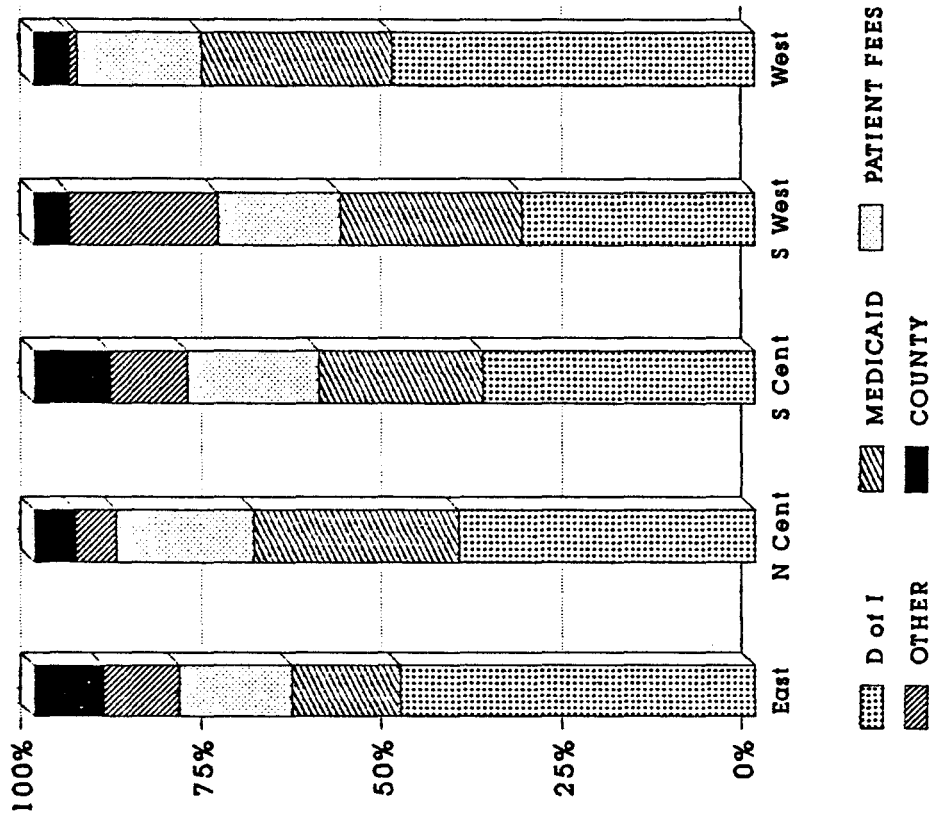


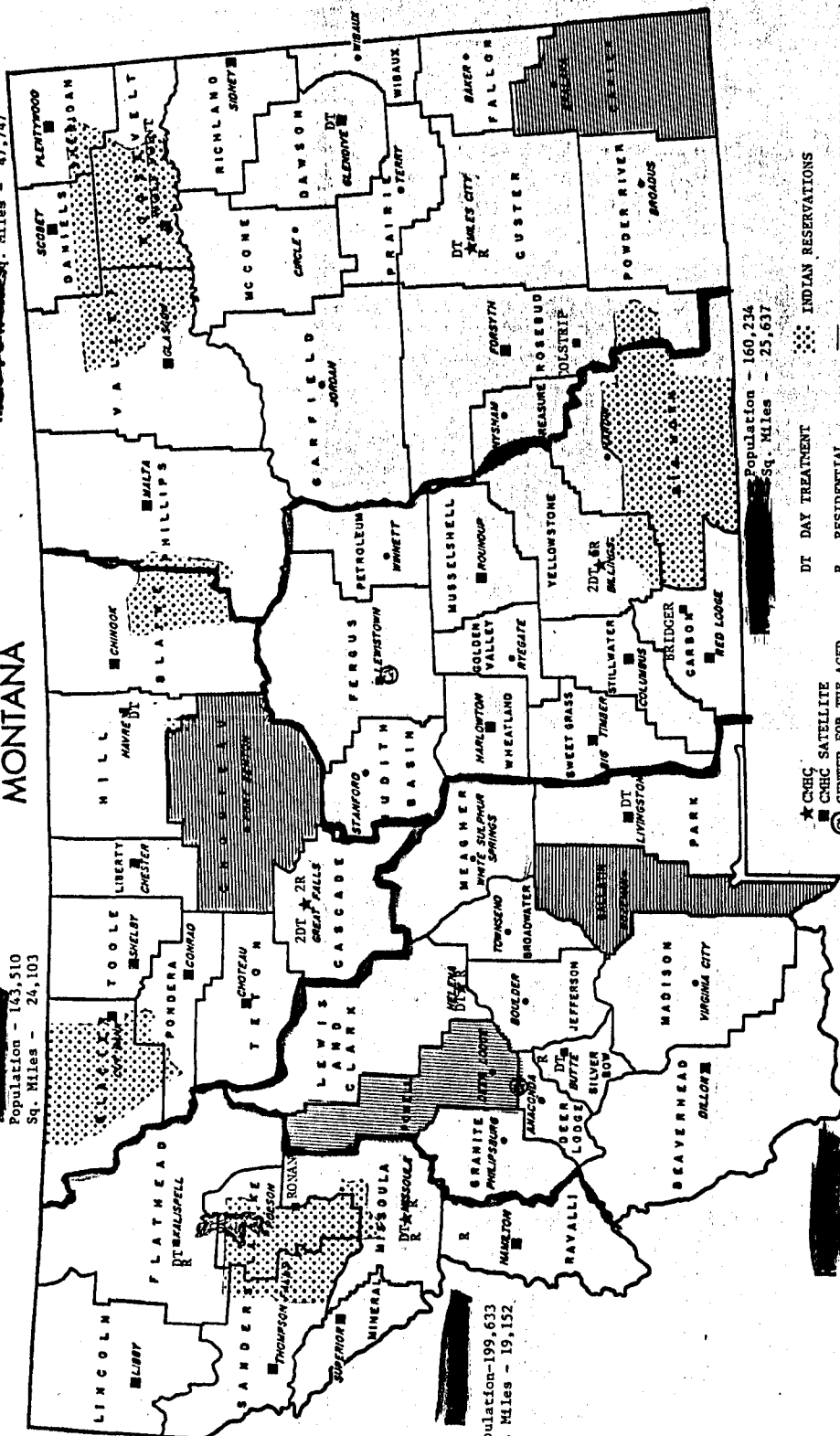
Exhibit 2

MENTAL HEALTH SYSTEM (as of 11/01/88)

MONTANA

Population - 98,122
Sq. Miles - 47,747

Population - 143,510
Sq. Miles - 24,103



Population - 160,234
Sq. Miles - 25,637

- ★ CHRC
- CHRC SATELLITE
- ⓐ CHRC CENTER FOR THE AGED
- ⓑ STATE HOSPITAL
- DT DAY TREATMENT
- R RESIDENTIAL FACILITY
- ▨ INDIAN RESERVATIONS
- ▨ NON-PARTICIPATING COUNTIES

Population - 185,191
Sq. Miles - 28,753

Population - 199,613
Sq. Miles - 19,152

MENTAL HEALTH CENTER
CLIENT DATA

- I. The five Mental Health Centers served over 16,000 unduplicated Montana citizens in FY 1988.
- II. The Centers in FY 89 served over 2,000 persons who are diagnosed as having a "Severe Disabling Mental Illness." Without the community-based Mental Health Centers most would likely be placed in an institution.
- III. In FY 89 the Centers treated close to 2,000 emotionally disturbed Montana children. *and parents.*

Exhibit 4

TABLE 1
Community Mental Health Centers general fund and federal block grant funding totals for FY 83 through FY 89.

FY 83	GENERAL FUND	\$3,917,672	
	BLOCK GRANT	<u>1,053,288</u>	
	TOTAL	\$4,970,960	
FY 84	GENERAL FUND	\$3,740,224	FY 83 - 84
	BLOCK GRANT	<u>1,272,546</u>	increase
	TOTAL	\$5,102,770	2.6%
FY 85	GENERAL FUND	\$3,860,957	FY 84 - 85
	BLOCK GRANT	<u>1,331,332</u>	increase
	TOTAL	\$5,192,289	1.7%
FY 86	GENERAL FUND	\$3,826,806	FY 85 - 86
	BLOCK GRANT	<u>1,346,420</u>	decrease
	TOTAL	\$5,173,226	(.4%)
FY 87	GENERAL FUND	\$3,919,542	FY 86 - 87
	BLOCK GRANT	<u>1,235,176</u>	decrease
	TOTAL	\$5,154,718	(.4%)
FY 88	GENERAL FUND	\$3,826,806	FY 87 - 88
	BLOCK GRANT	<u>1,249,805</u>	decrease
	TOTAL	\$5,076,611	(1.5%)
FY 89	GENERAL FUND	\$3,826,806	FY 88 - 89
	BLOCK GRANT	<u>1,249,805</u>	increase
	TOTAL	\$5,076,611	0%

(Data supplied by Department of Institutions. Only includes funding for Mental Health Centers. Excludes funds for operation of the Mental Health and Residential Services Division and Friends to Youth contract.)

*Expanded
Interview
Case
Management
needed*

PROVIDER	FY 74	FY 75	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
HARRI SPRINGS STATE HOSPITAL GENERAL FUND	2,795,106	6,902,135	10,718,050	13,615,717	10,491,921	10,599,792	10,246,203	11,267,346	11,940,833	18,260,138	17,876,123	18,485,890	17,596,933	18,789,940	19,826,836
HARRI SPRINGS STATE HOSPITAL TOTAL OTHER FUNDS	4,972,857	3,332,189	3,470,019	3,750,027	3,414,454	3,771,639	2,511,534	2,415,997	2,717,587	3,958,374	3,691,439	3,751,618	3,728,235	3,727,538	Increase
GLEN CENTER GENERAL FUND	'1,459,976	770,756	2,148,565	3,913,272	3,650,911	2,854,095	3,603,122	4,007,258	4,827,102	1,306,968	1,567,562	20,217,508	19,323,228	20,517,298	\$5,978,511
TOTAL ALL FUNDS NCHS	9,899,695	13,389,123	18,103,533	18,111,008	14,922,075	14,909,365	15,269,880	16,759,419	18,236,507	19,653,512	19,567,562	20,217,508	19,323,228	20,517,298	43X
TOTAL GENERAL FUND NCHS	3,566,852	9,050,700	14,631,332	17,632,381	13,542,832	13,543,387	13,848,325	15,264,604	16,781,935	18,260,138	17,876,123	18,485,890	17,596,933	18,789,940	
AVERAGE DAILY POPULATION AT HARRI SPRINGS STATE HOSPITAL		953	772	548	438	370	330	309	323	345	301	334	301	288	
AVERAGE DAILY POPULATION AT GLEN		176	236	230	172	152	163	181	181	180	167	167	167	169	
TOTAL AVERAGE DAILY POPULATION AT MONTANA STATE HOSPITAL		1,129	1,008	778	610	522	499	490	504	526	473	501	473	457	
(APPROPRIATED)															
FULL-TIME-EQUIVALENTS (EMPLOYEES)-HARRI SPRINGS STATE HOSPITAL		874	1,000	998	715	678	535	514							
FULL-TIME-EQUIVALENTS EMPLOYED-GLEN (APPROPRIATED)		294	294	260	260	260	278	800	759	759	756	707	701	701	
TOTAL FTE (EMPLOYEES)-MONTANA STATE HOSPITAL		1,168	1,294	1,258	975	938	813								
STAFF-TO-PATIENT RATIO AT MONTANA STATE HOSPITAL		1.035	1.284	1.661	1.598	1.796	1.649	1.633	1.506	1.443	1.453	1.412	1.482	1.534	
TOTAL GEN. FUND COST PER PATIENT AT MONTANA STATE HOSPITAL		8,017	14,515	22,922	22,201	25,945	26,090	31,152	33,297	34,715	34,377	36,698	37,203	41,116	
TOTAL GEN. FUND COST PER PATIENT AT HARRI SPRINGS		7,243	13,883	24,846	23,954	28,620	31,049	36,432	37,090						
TOTAL COST PER PATIENT AT GLEN (LINE 3 DIVIDED BY LINE 10)		12,208	16,582	18,336	17,738	19,435	22,099	22,140	26,636						
MENTAL HEALTH CENTER GENERAL FUND		1,719,987	1,657,193	1,949,904	2,894,229	3,766,991	3,431,417	3,647,700	3,917,672	3,740,224	3,826,806	3,919,542	3,826,806	3,826,806	Increase
															Over FY 80 \$59,815 1.62

**MONTANA COUNCIL OF
MENTAL HEALTH CENTERS**

512 LOGAN
HELENA, MT 59601

(406) 442-7808

Exhibit 6

**FUNDING ISSUES
MENTAL HEALTH CENTERS**

January 12, 1989

I. RECRUITMENT AND RETENTION OF QUALITY STAFF

A. For the last two fiscal years there has been no adjustment for salary increases for Mental Health Center staff. Recruiting and retaining qualified professionals at the current salary levels is becoming more and more difficult. In addition, other operation costs have been increasing. Malpractice coverage has increased and recently Centers have been informed that group health insurance would increase an average of 35 percent. A modest average salary increase of 2 percent per year including benefits would require an increase of \$175,468 for FY 90 and \$178,977 for FY 91. *Principles of compensation*

SALARY ADJUSTMENTS

FY 90 \$175,468	FY 91 \$354,445	BIENNIUM	\$529,913
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B. It is becoming extremely difficult to recruit and retain staff psychiatrists and Ph.D. psychologists to work in Montana Mental Health Centers. First, Psychiatrists and Ph.D. Psychologists can earn more in private practice than in Montana Mental Health Centers. Also, the 1987 American Psychological Association Salary Survey notes that in the first two years out of college Montana ranks below the 50th percentile of western states in salary compensation for Ph.D. psychologists. More dramatically, for those out of college in the 3 to 5 year range the compensation ranks below the 25th percentile of western states. As an example, Wyoming Mental Health Centers are willing to pay psychologists up to \$8,000 more per year than the Centers in Montana can afford to pay.

Ph.D. PSYCHOLOGIST ADJUSTMENTS

In the 24 F.T.E. Mental Health Centers' staff Ph.D. psychologist positions, to make an adjustment of \$5,000 per year plus 20 percent benefits would cost \$144,000 per Year.

FY 90 \$144,000	FY 91 \$144,000	BIENNIUM	\$288,000
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PSYCHIATRIST ADJUSTMENTS

For the Mental Health Center system to approach the Montana market price for psychiatrists, an adjustment of \$20,000 each per year plus 16 percent benefits for the four F.T.E. staff psychiatrists would be required.

FY 90 \$92,800	FY 91 \$92,800	BIENNIUM	\$185,600
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REGION I
EASTERN MONTANA COMMUNITY
MENTAL HEALTH CENTER
1819 MAIN STREET
MILES CITY, MONTANA 59301
(232-0234)

REGION II
GOLDEN TRIANGLE COMMUNITY
MENTAL HEALTH CENTER
HOLIDAY VILLAGE SHOPPING CENTER
PO BOX 3048
GREAT FALLS, MONTANA 59403
(761-2100)

REGION III
MENTAL HEALTH CENTER
1245 NORTH 29TH STREET
BILLINGS, MONTANA 59101
(252-2862)

REGION IV
MENTAL HEALTH
SERVICES, INC
512 LOGAN
HELENA, MONTANA 59601
(442-0310)

REGION V
WESTERN MONTANA COMMUNITY
MENTAL HEALTH CENTER
FORT MISSOULA T-12
MISSOULA, MONTANA 59801
(728-6870)

II. PATIENT TRANSFER FROM MONTANA STATE HOSPITAL

In FY 1989, to move 16 patients out of the Montana State Hospital at Warm Springs, the Department of Institutions cut \$110,000 of funding for Mental Health Center outpatient services. This move paid for a programmatic restructuring of two Mental Health Center group homes for these patients. However, the annualized cost of this patient transfer is actually \$169,000. As a result of the department not moving the patients until later in the fiscal year, a lesser amount of funding in FY 89 was possible. However, no provisions were made in the executive budget to account for the full year costs of operating the intensive group homes in the next biennium. The net increased cost of operating the intensive group homes is \$169,000 per year.

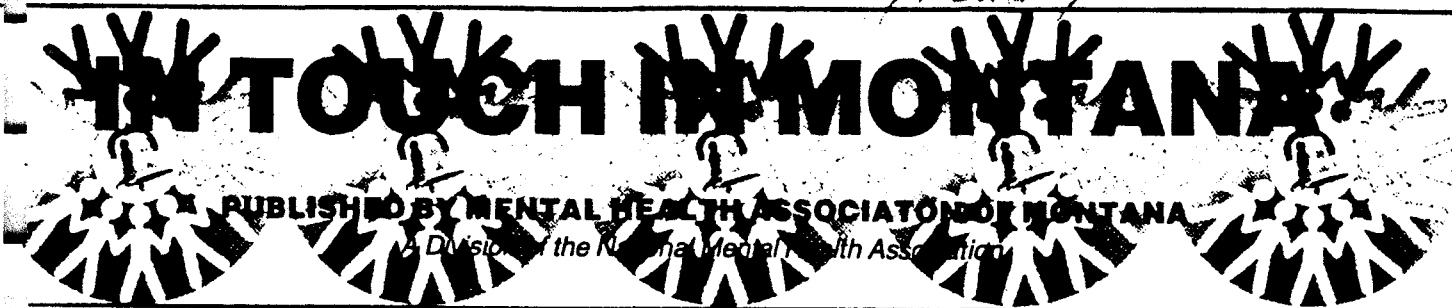
MSH PATIENT TRANSFER

FY 90 \$169,000

FY 91 \$169,000

BIENNIUM

\$338,000



Vol. IV, No. 3

555 Fuller, Helena, Montana

Winter 1988-89

COMMENTS REQUESTED FROM MHAM MEMBERS

The following **MHAM Statement of Public Policy for 1988-1989** has been adopted by the MHAM Board of Directors at its October 1988 board meeting, with the request that it be submitted to the MHAM membership through In Touch in Montana for comment. All members are asked to carefully read the Statement and submit comments for consideration by the Public Policy Committee and the Board of Directors at the January 27th meeting. Comments (in writing please) should be received at the MHAM headquarters, 555 Fuller Avenue, Helena, MT 59601 by January 25th.

Statement of Public Policy for 1988-1989

I. The Mental Health Association of Montana has from its beginnings supported adequate services for the severely disabled mentally ill. At this point in the development of service systems it has become clear that adequate services for the severely mentally ill and others involves treatment concentrating upon helping the client achieve the maximum possible recovery from dysfunctioning contributed to or brought on by the disease and to gain the maximum independence. To this end the

provision of funding and personnel for alternative services becomes equally as important as provision of clinical and medical services and care. The alternative services, often referred to as "case management," could include but are not limited to: 1) individualized services, available 24 hours per day, 7 days per week when needed; 2) aid to the client in making day-to-day decisions; and 3) employment opportunities. **continued on next page**

MHAM CELEBRATES 25TH ANNIVERSARY

It was 25 years ago this past November that the Mental Health Association of Montana became a chartered affiliate of the National Mental Health Association. There had been a statewide group of concerned citizens working toward the improvement of state facilities both at Warm Springs and Boulder since 1940. It was on November 10, 1963, that the Montana Association for Mental Health became a chartered division of the National Association for Mental Health (both later changed our names slightly). The National objectives accepted by the State Association were: 1) improved care and treatment of mental hospital patients; 2) services and facilities for rehabilitation and after-care; 3) treatment, schooling and special services for mentally ill children; and 4) community-based mental health facilities and services.

We've come a long way in this quarter of a century, but the MHAM continues to work on those same basic objectives of 25 years ago.

A historical look over the past 25 years will be made at the MHAM biennial Legislative Buffet, held during every legislative session since 1967. We will also take a look at where we are today and where we are going. The next issue of In Touch in Montana will summarize the highlights of this period of our past.

We are trying to locate all past presidents and board members. If you or someone you know fits that role and have not heard from us, we may not have a current address for you. Please let us know where you are; we would like to see you in January.

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- See enclosed insert for MHAM Legislative Platform

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS



TED SCHWINDEN, GOVERNOR

CAPITOL STATION

STATE OF MONTANA

(406) 444-3955

HELENA, MONTANA 59620

6 January 1989

TO: Representative Menahan and Members of the
Institutions and Cultural Resources Subcommittee -

FROM: Kelly Moorset, *Kelly* Executive Director
Mental Disabilities Board of Visitors

RE: Annual Legislative Report

Enclosed are draft copies of the Board of Visitors Annual Report to the Legislature. The finalized copy will include the results of a survey on the outpatient commitment bill. We are awaiting the return of questionnaires from county attorneys and public defenders. The final report should be to you before the end of the month.

We trust the report of the Board of Visitors will assist you in your review of the budgets for community mental health centers and the institutions for the developmentally disabled and the mentally ill. If you need further information, please contact our office.

enclosure

REPORT TO THE
FIFTY-FIRST MONTANA LEGISLATURE

January 1989

There is a widely shared perception among consumers, family members, advocates, providers, direct care staff, state administrators and program directors that mental health services and services for the developmentally disabled are operating under significant stress. These stressors include a growing demand for services, waiting lists for residential programs and outpatient services, limited funding sources, and increased regulation by federal and state entities.

In times of budget austerity we are challenged to maintain quality services and treatment programs. Many positive steps have been in the variety of community-based and institutional services that are available, but there continues to be many unmet needs of Montana's mentally disabled. This overview attempts to highlight the programs, their accomplishments and needs.

OVERVIEW OF MONTANA'S INSTITUTIONS FOR PERSONS WITH A DISABILITY

Center for the Aged-Lewistown, Montana

Serving the needs of persons fifty-five years of age and older who have chronic mental disorders is the goal of the Center for the Aged. Many of the current 170 patients are transfers from Montana State Hospital, although the more recent admissions to the facility are referrals from the community mental health centers.

The federal requirements as identified in the federal Omnibus Reconciliation Act (OBRA) will require additional services and staffing for the Center for the Aged, the Long Term unit at the Warm Springs campus and the intermediate care units at the Galen campus. The changes include: 1) 75 hours of training and competency evaluation for nurse and psychiatric aides; 2) one full-time social worker for any facility with more than 120 beds; 3) a medical director must be appointed; 4) establish a quality assurance committee and 5) annual review psychotropic medications.

Needs:

1. As a result of the new federal standards the Center must have a social worker and a medical director.
2. The lack of a qualified psychiatrist to assist in the care and treatment of the mental health needs of this elderly population remains a problem. Many of the patients need ongoing adjustment in their psychotropic medication and/or the medication for medical problems.

Eastmont Human Services Center-Glendive, Montana

Eastmont Human Services Center provides care and treatment to fifty-five individuals who are developmentally disabled. Within the past two years significant renovations were made to one of the cottage areas in order to meet the fire and safety requirements of the Health Care Finance Administration.

Over the past several years, the facility has had difficulty recruiting several professional positions (speech therapist, psychologist).

Needs:

1. Currently the duties of the Qualified Mental Retardation Professional (QMRP) are divided between the Director of Habilitation and the Director of Developmental Services. In order to meet the requirements of the Health Care Finance Administration, a full time QMRP is needed.

2. Staffing patterns and schedules need to be revised in order to meet the active treatment needs of the residents. The amount of down time during the early evening and during staff breaks in Cottage III is unacceptable.

Montana Developmental Center- Boulder, Montana

Formerly known as Boulder River School and Hospital, Montana Developmental Center serves the treatment needs of approximately two hundred (200) seriously developmentally disabled individuals.

During the past two years several deficiencies have been identified which seriously jeopardize the certification of the facility. Loss of certification by the Health Care Finance Administration translates to a loss of over six million dollars in general fund dollars.

Efforts to implement active treatment requirements have not been successful in all areas. At the time of the Board's review, the staff morale was at an all time low. Montana Developmental Center has been undergoing a series of reorganizations for the last several years. Many of those reorganizations have never been completed.

Needs:

1. The mission of the institution needs to be carefully reevaluated and defined. When the purpose of the facility is clearly defined, the staff must fully understand the mission, their responsibilities and performance standards.

2. Many of the residents would benefit from community placements. A systematic, cost effective plan for their discharge to more appropriate community settings must be developed.

3. Treatment and clinical leadership must become a high priority if Montana Developmental Center is to meet the active treatment standards. Active treatment standards must be met.

Montana State Hospital-Warm Springs and Galen campuses

Montana State Hospital consists of the Warm Springs and Galen campuses. The Warm Springs campus provides psychiatric care for adults with severe disabling mental illnesses. Medical care (acute and intermediate), along with chemical dependency services are provided at the Galen campus. Montana State Hospital is not licensed as a psychiatric facility, nor is it accredited by the Joint Commission on the Accreditation of Hospitals. The Long Term Unit on the Warm Springs campus and the intermediate care units at the Galen campus are licensed as intermediate care facilities.

In September of 1988 a new 104 bed Forensic Treatment Unit was opened. While the new unit is a physical improvement over the old one, problems still remain. These include a lack of adequate professional staff, inadequate treatment, mixing civil patients with criminal patients, extended periods of detention on the unit for the civilly committed patients, and the use of steel frame beds on the high security ward.

In May, 1988 a class action lawsuit regarding the state hospital was filed. The lawsuit alleges that patients' rights have been violated with regard to the use of restraint/seclusion and with regard to the conditions and practices of the Forensic Unit. The lawsuit was brought by twelve current and former hospital patients on behalf of all patients at the state hospital.

Needs:

1. If community services were available, at least forty patients could be served, at less cost in the community. The current recidivism rate at Montana State Hospital exceeds fifty per cent (50%). The Board supports the concept of providing a fiscal incentive to the community mental health centers in order to provide treatment within local communities.
2. In-service training and current up-to-date mental health information needs to be presented to the Warm Springs staff on a regular basis. In addition, all staff members must be adequately trained in the use of seclusion and restraint procedures.
3. Dually diagnosed patients at MSH include the chemically dependent and mentally retarded. The Board of Visitors urges the development of new programs to meet the needs of these young chronically mentally ill individuals. Full time chemical dependency counselors are needed at the Warm Springs campus.
4. Patient care and staff morale continues to suffer from a lack of psychiatrists and psychologists at the state hospital. Renewed efforts, and possibly added incentives, must be made to alleviate the shortage of professionals.

Exhibit 8

Community Mental Health Centers

Five regional community mental health centers, established as private, nonprofit organizations, exist in Montana. Satellite offices (30 full time, 14 part time), staffed by mental health professionals, serve the mental health needs of the multi-county regions. The five regions, by state law, are required to offer six basic services: inpatient, outpatient, emergency, precare and aftercare, part-time (partial) hospitalization and mental health consultation and education. Statewide there are currently fourteen transition living facilities (group homes), ten day treatment programs and two adolescent day treatment programs.

The Department of Institutions contracts with the mental health centers to purchase priority services as identified in the state mental health plan. The Department's contract comprises 46-53% of the centers' budgets. Additional revenue is generated from patient fees, county participation, and Medicaid/Medicare.

Needs:

1. The Board of Visitors supports increased funding for the community mental health centers. Services for mentally ill children and services for individuals with a severe disabling mental illness must remain a priority.

2. More community based living arrangements for persons with a serious mental illness are needed. (models include, but are not limited to consumer run alternatives, co-ops, group homes etc.)

3. Supported employment is a fairly new concept in the delivery system for persons with a mental illness. The Board of Visitors endorses increased funding of supported employment.

Labor performed by clients for the mental health centers also needs to be reimbursed according to the Department of Labor Wage and Hour standards.

4. Currently there are only fifteen intensive casemanagers serving the severely mentally disabled individuals in eight communities. We support an increase in the numbers of casemanagers in order to serve individuals in more communities.

5. Mental health education and prevention takes many forms. It includes early identification and intervention, education forums to community groups, etc. These services have remained low priorities for the Department of Institutions and subsequently the mental health centers. We urge these groups to continue to meet with consumers, advocacy groups and other social service agencies to develop strategies in order to address prevention issues.

6. Frequently persons with a mental illness are incarcerated in jails without receiving the proper mental health treatment. We urge the mental health centers to work with local law enforcement agencies to discontinue this practice and create more positive alternatives.

Rivendell facilities

As of January 1, 1987 the Montana Youth Treatment Center was sold to Rivendell. Rivendell of Billings provides acute inpatient psychiatric treatment to individuals under the age of eighteen. Under the purchase agreement, this facility must provide treatment services for up to forty court ordered adolescents. In addition the facility is subject to on-site reviews by the Board of Visitors.

Since Rivendell purchase the facility it has been extensively remodeled. The overall environment has been significantly improved by removing the concrete bedframes, the corridors and day halls have been carpeted and painted and many new pieces of furniture have been added.

In 1988 another Rivendell facility for children and adolescents was opened in Butte. This inpatient treatment unit was established to serve the increasing mental health needs of Montana's youth.

Needs:

1. Creative alternatives, for those adolescents who need mental health treatment, (in-home support, respite care, therapeutic foster homes, day treatment services), needs to be developed for adolescents. There is also a need for more short term group home settings for those individuals discharged from inpatient psychiatric settings.

2. Resolution of medicare/medicaid issues regarding reimbursement.

3. Revisions are needed in the youth court act. The Board urges a careful balance between the needs of the facilities and the rights of patients.

APPENDIX A

RIGHTS RELATED ISSUES AND GRIEVANCES

Rights related issues, grievances and requests for assistance by consumers, family members and staff are the best indicator of the workload of the Board of Visitors.

Rights related issues include questions regarding the commitment and re-commitment process, treatment issues, abuse and neglect, access to patient funds, billing procedures, medication and medical issues. Requests for assistance include providing information on such topics as guardianship (limited and full), power of attorney, and location and overview of various programs available instate, sterilization issues, social security, supported employment, housing alternatives etc.

Over the past five years, at the request of the First Judicial Court, the Board of Visitors has worked to resolve the Patient Account Law Suit. Assigned to locate nearly 200 current and past residents of the state hospital, was the first assignment of the Board. (All but three individuals were located.) In addition, the Board assisted individuals in recovering their personal needs money which had been placed in an escrow account.) Over one million dollars was reverted to the State general fund and patient monies have been returned.

The Court determined there was a conflict of interest with the Department of Institutions policies regarding patients' personal needs money. In 1987 the Board of Visitors, with the assistance of a grant under the Mental Health Protection and Advocacy law (Public Law 99-319), established a pilot payee project at the state hospital. The operation of the representative payee program does not conflict with the court decree nor the U.S. Social Security Administration.

Overview of Rights Related Complaints by Facility

Montana State Hospital	
Warm Springs campus	800
Galen campus	50
Montana Developmental Center	190
Center for the Aged	49
Eastmont Human Services Center	8
Community Mental Health Centers	56
Rivendell Treatment Centers	36
Citizen Advocate Office	57
Families	61
Other (legal, legislative, social services)	74

Total 1,381

APPENDIX B
FACILITIES REVIEWED

Mental Health Facilities

Montana State Hospital- Warm Springs and Galen campuses

Center for the Aged-Lewistown

Rivendell Treatment Center-Billings

Regional Mental Health Centers and their satellite offices

- | | | |
|------------|---|--|
| Region I | - | Miles City [full time clinical offices in six counties; part time services in four other counties] |
| Region II | - | Great Falls [eight full time clinical offices within the region] |
| Region III | - | Billings [five full time clinical offices; four counties are served part time] |
| Region IV | - | Helena [five full time clinical offices; part time services in five other counties] |
| Region V | - | Missoula [clinical services are available six counties; one part-time office] |

Facilities for the Developmental Disabled

Montana Developmental Center-Boulder

Eastmont Human Services Center-Glendive

Developmentally disabled population-Warm Springs and Galen campuses, Montana State Hospital

BOARD MEMBERS

Allen V. Bertelsen, Chairman
Bozeman, Montana

Virginia Geiger Kenyon, Vice-Chair
Helena, Montana

Joe DeLong
Somers, Montana

L.P. Noonan
Anaconda, Montana

Irene Restad
Billings, Montana

STAFF

Helena Office

Kelly Moorese, Executive Director
Colleen Nichols, Paralegal Assistant (part-time)

Warm Springs Office

Allen Smith, Jr., Attorney
Lenore Manning, Legal Secretary (part-time)*

Mental Health Protection and Advocacy Grant*
Mary Gallagher, Attorney

*The Board of Visitors received \$40,000 grant from the Montana Advocacy Program to fund an attorney position and .2FTE secretary.

Exhibit 9

Statement of Cliff Murphy
Chair, Public Policy Committee
Mental Health Association of Montana

Before the Joint Subcommittee on
Institutions and Cultural Resources Appropriations
51st Montana Legislature
Thursday, January 12, 1989

Community Mental Health Center Appropriations

We are very pleased with the appointment of Curt Chisholm as Director of the Department of Institutions and are looking for increased emphasis on mental health services in the Department under his leadership. We have had very good working relationships with the staff of the Mental Health Bureau and have enjoyed working closely with them.

I am here primarily to ask that you seriously consider additional funding for the mental health services in our communities. We need money over and above previous general fund appropriations and grants. It would take about \$500,000 over the next two years to compensate for the expected inflation and nothing has been budgeted for that expected inflation. We are asking you (and our board has seriously considered this): if you need more taxes, go after them so that mental health services will be provided at the level they ought to be.

And why? You have heard of the needs that have not been met. I would like to suggest several other areas also needing recognition.

The Mental Health Association strongly supports case management and, especially, additional services for youth. Day treatment programs, as pointed out in other testimony, are available in only two of the community mental health centers. These programs need to be offered in many more communities--certainly at least one in every region--so that our young people can be served in their own communities rather than in expensive residential settings.

There is another area that I would like to discuss. At least some of the community mental health centers are cooperating with the prerelease centers to provide services to inmates about to be discharged from Deer Lodge Prison. The Board of Pardons and Parole frequently dictates that inmates assigned to a prerelease center receive mental health counseling. At least one of the mental health centers, Billings, is providing services to clients of the prerelease centers. I know that the cooperation in Billings has been good. This means a very special type of client is being sent to the community mental health centers. Frequently, these individuals don't want to go to the

centers. They don't see the need for this treatment and they resent someone trying to help them in this fashion. The therapist, in turn, who has little training in working with these involuntary clients is likely to show more interest in working with voluntary clients (who are often waiting for service).

Thus, there is the need for a staff person in the local center with special skills to work with involuntary, prerelease clients. A staff person of a mental health center who wants to do prerelease counseling and who is trained for it could do a very good job. More inmates could probably be assigned to prerelease centers; but because of the great adjustments these individuals must make to new employment and community life, adequate staffing is necessary in both the prerelease and mental health centers.

Aging services have not been mentioned. Some years ago, the Billings area alone had staff for aging services. Other centers are now hiring persons to serve the aging. These staff members also need special skills and interests. It is not a job for somebody who sits behind a desk and waits for clients to come in. The retired or elderly do not often seek help from the mental health centers. If you want to help these individuals, you have to go out and find them and make the services available. Very little attention has been given to the aging in our mental health programs. It is a big need.

Public education is also a need. The funding that has been available for public education through the community mental health centers has been very small. What is the benefit of public education? Public education promotes early intervention; it leads to early diagnosis and treatment. The earlier you treat many individuals, the more success you are likely to have.

These are just some of the things that the Mental Health Association of Montana sees as necessary to serve the mental health needs of our communities. We hope that you give very serious consideration to the increased funding for the community mental health centers over and beyond the anticipated inflation rate. Thank you.

WITNESS STATEMENT

NAME Gene Haire BUDGET _____

ADDRESS 428 S. Rodney Helena

WHOM DO YOU REPRESENT? Mental Health Services, Inc.

SUPPORT X OPPOSE _____ AMEND _____

COMMENTS: Additional funding for community
mental health SVCS. especially intensive
case management and supported employees.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Larry Nedrich BUDGET _____

ADDRESS Sunset apt 520 Lagan st Bx 314

WHOM DO YOU REPRESENT? Mont Luise

SUPPORT ✓ OPPOSE _____ AMEND _____

COMMENTS: More money for Mental Health

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Paul K. Devlin BUDGET _____
ADDRESS 1101 Missoula Av. Helena Mt. 59601
WHOM DO YOU REPRESENT? Montana House
SUPPORT ✓ OPPOSE _____ AMEND _____
COMMENTS: I would like to see more money
give to mental health services.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Kelly Moore BUDGET Mental Health

ADDRESS _____

WHOM DO YOU REPRESENT? BOARD OF VISITORS (BOV)

SUPPORT ☒ OPPOSE _____ AMEND _____

COMMENTS: _____

The Board of Visitors reviews community mental health centers and institutions for mentally ill and developmentally disabled.

I submit for your review the report of the BOV on these facilities. We have reviewed mental health centers within each region. In addition we have reviewed every group home and all major day treatment programs.

Over the past 12 years we have seen an increasing demand from consumers for services. These mental health needs are reflected in 1) waiting lists for outpatient services
2) waiting lists for group homes.

Our report highlights six important needs (see report). In your deliberations, we urge your support of the mental health centers and their budget needs.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

Jan 12, 1989

SUBCOMMITTEE

AGENCY (S)

DATE

DEPARTMENT

NAME	REPRESENTING	SUP- PORT	OP- POSE
John Thorson	Mental Health Assoc.	✓	
John Thorson	✓ ✓ ✓		
John Thorson	MonAMI: Mental Health Services Inc.	✓	
John Thorson	Mental Health Center Billings	✓	
John Thorson	✓ ✓ ✓	✓	
John Thorson	✓ ✓ ✓	✓	
John Thorson	" " Missoula	✓	
John Thorson	" " G Falls	✓	
John Thorson	Region V Mental Health	✓	
John Thorson	Board of Visitors	✓	
John Thorson	REGION IV MENTAL HEALTH	✓	
John Thorson	Region III mental Health	✓	
John Thorson	Reg IV Helena	✓	
John Thorson	Region IV Helena	✓	
John Thorson	MHC - Region III Belge	✓	
John Thorson	MHA		
John Thorson	Mt. Crest Mental Health Ctr	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.