

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
53rd LEGISLATURE - REGULAR SESSION**

JOINT SUBCOMMITTEE ON INSTITUTIONS & CULTURAL EDUCATION

Call to Order: By REP. ED GRADY, Chair, on January 14, 1993, at
8:00 AM

ROLL CALL

Members Present:

Rep. Ed Grady, Chair (R)
Sen. Eve Franklin, Vice Chair (D)
Sen. Gary Aklestad (R)
Sen. Tom Beck (R)
Sen. J.D. Lynch (D)
Rep. Red Menahan (D)
Rep. Linda Nelson (D)

Members Excused: NONE

Members Absent: NONE

Staff Present: Sandra Whitney, Legislative Fiscal Analyst
Mary LaFond, Office of Budget & Program Planning
Judy Murphy, Committee Secretary

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

Committee Business Summary:

Hearing: OVERVIEW OF DEPARTMENT OF
CORRECTIONS AND HUMAN SERVICES

Executive Action: NONE

**HEARING ON OVERVIEW OF DEPARTMENT OF CORRECTIONS AND HUMAN
SERVICES**

Tape No. 1:A

Informational Testimony:

Rick Day, Director of the Department of Corrections and Human Services, said the director's office component of the DCHS is 12 FTE, which, in addition to policy and executive direction, provide legal, personnel and clerical support services. All four programs report to the director's office via their division administrators. The divisions are: Management Services Division;

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Director's Office; Special Services Division; and the Board of Pardons.

Mr. Day discussed his four areas of concern. The first concern is the efficiency of services; the second is to review marginal programs; the third is the community correction concept; and the fourth is the programs in corrections and developmental disabilities.

Pam Joehler, Management Services Division Administrator, stated the Management Services Division has three primary purposes: 1) to provide departmental leadership and policy formulation in areas which cross division functional lines but are essential to the effective management of the department; 2) to respond accurately and in detail to legislative and outside inquiries on behalf of the department; and 3) to provide direct services to the department in the areas of client financial evaluation, reimbursement billing, information system user support, grants and contracts management, accounting, purchasing, payroll, budget analysis and monitoring.

The Management Services Division is comprised of the Fiscal, Reimbursement, and Information Services Bureaus.

The fiscal bureau provides direct fiscal services to the director's office, Board of Pardons, Womens' Correctional Center, Swan River Forest Camp, probation and parole offices, department-owned pre-release centers, and all administration programs of the line divisions

Plans for the FY 1995 biennium include development of more timely and streamlined budget status reports for management use; and active participation in reviewing ways of achieving efficiency and economy by eliminating duplication and consolidating data processing, personnel, and fiscal functions.

The reimbursement bureau evaluates each clients' ability to pay for the services provided at residential treatment facilities and bills the appropriate resource for services rendered.

The bureau has begun work on electronic submission of medicaid and medicare claims which will speed of the billing process.

The information services bureau provides a user support function to all department personnel.

In the 1995 biennium the bureau will be assuming leadership for the development of department policies and standards which are compatible with statewide standards; identification of how and what technology can best support the department's business strategies; and the development of a long-range plan which merges the business needs of the institutional and community elements of the department with the appropriate technology.

EXHIBIT 1

Questions, Responses, and Discussion:

SEN. TOM BECK asked why there is so much turnover in the fiscal bureau?

Ms. Joehler stated that there have been opportunities for staff to move on and some people left because of the new administration.

John Thomas, Chairman of the Board of Pardons requested **Craig Thomas, Executive Secretary to the Board of Pardons**; make the presentation. The Board of Pardons is comprised of three members and one auxiliary member. These appointments are made by the Governor, with the approval of the senate. The Board of Pardons meets once a month at the state prison to make decisions on release and executive clemency. The chairman is appointed by the Governor and the vice-chairman and secretary are appointed by the board in executive session. The Board hires its own personnel and formulates its own policies.

The Board of Pardons conduct less than ten pardon hearings and make nearly 1700 other decisions each year.

The Board's responsibilities are determining who should be released into the community on parole; making final decisions on parole revocation; parole recession, parole condition-setting, supervised release; and recommendations to the governor for executive clemency.

The auxiliary member attends a meeting if one of the other members cannot.

Questions, Responses, and Discussion:

REP. RED MENAHAN stated that one of the board members needs to be knowledgeable of Native American affairs. He said the person selected must also have some knowledge of Indian cultural issues.

The Board of Pardons currently has 5 FTE. They are: an executive secretary, administration officer, treatment specialist, administration assistant and secretary.

The objectives of the Board are: 1) release to community; 2) return to custody if necessary; 3) review individuals for parole - give or deny; 4) make recommendations to the governor for pardons or commutation of sentences; 5) impose special conditions on parolees; and 6) approve grants and condition of discharge.

The accomplishments of the Board are: 1) complete revision of the administrative rules; 2) development and implementation of the pre-parole program; 3) completion of Board of Pardons orientation manual of parole board processes; 4) completion of the parole process map and parole revocation map; 5) onsite technical assistance; and 6) development and implementation of the

information system.

The activities of the Board in 1991 were; 1) made decisions on 1704 cases; 2) In FY 1991-1992, interviewed 790 inmates; and 3) granted parole in 436 cases.

Mr. Thomas explained that technical violations of parole include changing residence without permission, not reporting when directed to report, using alcohol and drugs, possessing weapons and anything that is not a new conviction. He said Pre-release programs prepare the person for parole.

CHAIRMAN GRADY asked **Mr. Thomas** who makes the decision on the people who are involved in the technical violations, going back to prison? It is the Parole Board's decision. The Board does listen to the parole officer and the hearings officer to help make those decisions.

Bob Anderson, Administrator of the Special Services Division, stated the Special Services Division of the Department of Corrections and Human Services fulfills its responsibility to the citizens of Montana by developing, implementing and managing comprehensive and quality residential services for the developmentally disabled (DD); and nursing and domiciliary services for honorably discharged veterans and their spouses.

EXHIBIT 1

Mr. Anderson reviewed the following programs: **Program 10 - Special Services Division - Operations.** the division operations are responsible for the effective and efficient operation of both the residential facilities serving the developmentally disabled (Program 50), and the nursing and domiciliary facilities serving veterans (Program 60). The division ensures compliance with all state and federal licensing and certification requirements by thorough, ongoing evaluations of the facilities; provides and coordinates state-wide planning of services; oversees long-range building and maintenance programs; and conducts program and policy reviews and client abuse investigations. **EXHIBIT 1**

The ongoing issues and challenges of the Special Services Division are maintaining licensure and certification standards and current client population levels with decreases in funding, to oversee and manage Eastern Montana Veteran's Nursing Home and Montana Developmental Center campus redesign construction projects, and maintain the interagency task force on developmental disabilities. **EXHIBIT 1**

Program 50 - Residential Services For The Developmentally Disabled. The residential program of the Montana Developmental Disability Service System is administered under the Special Services Division and provides residential care, treatment, education, habilitation, medical care and training to the developmentally disabled who cannot safely and effectively be served at home or in community based facilities. These services

are provided by two facilities licensed as intermediate care facilities for the mentally retarded under the federal and state Medicaid program. The facilities are the Montana Developmental Center (MDC) in Boulder, and the Eastmont Human Service Center (EHSC) in Glendive. **EXHIBIT 1**

The MDC will provide comprehensive residential training and treatment services to persons with developmental disabilities whose behavior problems are so severe they cannot safely and effectively be served at home or in a community-based setting and to persons with developmental disabilities who have no severe behavioral problems but have major self-help deficiencies which cause them to require immediate emergency nursing or medical intervention or total or nearly total assistance in caring for themselves.

The EHSC will provide comprehensive residential training and treatment services to persons with developmental disabilities who have severe self-care deficiencies, as a group are predominately ambulatory, do not have severe behavioral problems, and who do not have severe nursing or medical problems. **EXHIBIT 1**

The ongoing issues and challenges are: fulfilling the missions of the facilities; inability to recruit and fill professional positions; inability to keep client populations at or below licensed/budgeted levels of 110 at MDC and 50 EHSC; ensuring continual intra-agency coordination; increases in workers comp premiums; demolition of old unused buildings; and union negotiations and contract changes regarding work week/day, shift exchange, etc. **EXHIBIT 1**

Program 60 - Nursing and Domiciliary Services for Veterans. The veterans nursing and domiciliary programs are administered under the Special Services Division and services are operated in full compliance with federal and state licensing and certification regulations under the Medicaid and Department of Veterans Affairs reimbursement programs. The Montana Veterans Home in Columbia Falls and the Eastern Montana Veterans Home in Glendive are the two facilities.

Ongoing issues and challenges are: effectively fulfilling the program mission; increase in work comp premiums; decreasing demand for domiciliary services; inability to recruit and retain professional staff; demolition of old unused buildings; union negotiations, and needed changes in contracts regarding work day/week, shift exchange, etc; effectively and efficiently bringing on line the operations of the EMVH. An operational staff phase would begin on April 1, 1994, and the facility would begin admitting residents July 5, 1994. There may be an alternative service for veterans instead of building the new EMVH facility. **EXHIBIT 1**

Questions, Responses, and Discussion:

CHAIRMAN GRADY asked **Mr. Anderson** how many veterans qualify to to be in the Veteran's Home? **Mr. Anderson** responded that at this time there are approximately five per month on the waiting list. Currently there are 40 thousand veterans in the state and due to that number and their age, the demand for nursing home care will be on the increase.

The Eastern Montana facility was authorized to serve that part of the state.

REP. LINDA NELSON asked if the Eastern facility was a "done deal"?

Mr. Anderson replied they are proceeding as if nothing is stopping them.

Informational Testimony:

The future of Eastmont needs to be studied. HB 16 and HB 46 would provide a two cent tax which could be used to fund operations at these facilities. The money could be used the insurance stipends or home health care as one option.

Darrell Bruno, Administrator of the Alcohol & Drug Abuse Division, (ADAD) said the division operations at the central office are responsible for planning and program development, distribution of state and federal funds, program evaluation and approval and standards development, certification of alcohol and drug counselors, prevention/education and alcohol and drug information systems. **EXHIBIT 1**

Residential services on the Galen campus are: detoxification services in the hospital and Montana Chemical Dependency Center. All patients entering MCDC must enter through detox. After completing the evaluation and treatment, individuals are then referred to a community program for after-care services.

Community services are provided by state approved chemical dependency treatment programs and community based prevention programs

The Chemical Dependency Treatment System has 33 state approved programs in 68 locations. (MCDC at Galen is included) **EXHIBIT 1**

The funding for chemical dependency services comes from the state general fund, alcohol tax and federal block and categorical grants.

The policy issues of the ADAD are: completion of the chemical dependency program reorganization on the Galen campus to include the implementation of the 14 day programs, detox, education, assessment and referral programs. The department is promoting Galen as a responsive, effective and innovative residential chemical dependency treatment program and not a minimum security

facility for the criminal justice system, a homeless shelter, etc. The program would ensure treatment on demand at Galen by virtually eliminating the waiting list and ensure the availability of public funding for chemical dependency services in both the community and at Galen. Galen would meet federal funding requirements and serve our state's targeted critical populations. It would also provide gambling addiction treatment and prevention services within the chemical dependency system.

EXHIBIT 1

Mr. Bruno would like eliminate the waiting list. Implementing the 14-day program would eliminate the waiting period. Mr. Bruno also stated that not everyone fits the Galen program. Voluntary treatment would be assessed in the community and the client placed in Galen if needed.

Tape 1:B

The DEAR Program stands for detox, education, assessment and referral. This program is in place on the Galen campus.

The 87 bed inpatient program, contained in the Galen restructure plan, is made up of three tracks; short term, primary and extended. **EXHIBIT 1**

Questions, Responses, and Discussion:

SEN. BECK asked about the gambling addiction.

Mr. Bruno stated gambling addiction will be handled as managed care. Community treatment will be attempted first and if that service is not successful, then the patient will be admitted for inpatient care.

SEN. GARY AKLESTAD also asked Mr. Bruno about the gambling disease?

Mr. Bruno stated that at this time there is no specific program in the state to handle gambling addiction. Mr. Bruno said some people who come in with addictions will also have a gambling problem. The primary addiction is treated first.

CHAIRMAN GRADY asked if the ADAD program helps the patients get jobs after they have received treatment?

Mr. Bruno explained the patients are referred back to the community and with the help of support groups and after-care are aided in getting jobs, however, is not involved in this process.

Informational Testimony:

Dan. Anderson, Administrator of the Mental Health Division, stated the division's mission is to provide comprehensive inpatient and outpatient services system for adults with severe

and disabling mental illness; provide, in cooperation with Department of Family Services and other agencies, community based services for children and adolescents with emotional disturbances; and to provide mental health services for adults who do not have severe mental health illness but are unable to afford needed mental health services. **EXHIBIT 1**

The service components of the Mental Health Division are:
Montana State Hospital
Montana Center for the Aged
Community Mental Health Programs
EXHIBIT 1

Issues for the FY 1994-1995 biennium are: MSH and Center for Aged Program and facility development; community program development and evaluation of new service models; housing - critical issue - federal nursing projects; and children services development **EXHIBIT 1**

Mr. Anderson stated the system serves 13,500 people per year.

Questions, Responses, and Discussion:

CHAIRMAN GRADY asked where that number was going?

Mr. Anderson replied the number is leveling off and in the past has been going down.

REP. MENAHAN asked how many of the 13,500 are mental health patients, family counseling situations, or for periodic visits.

Mr. Anderson stated the majority of these people have serious mental illness.

CHAIRMAN GRADY asked for numbers which would indicate what the trend has been in mental illness.

Mr. Anderson indicated staff psychologists have increased from two to seven at Warm Springs; R.N. have been difficult to keep; however, the professional staff at Warm Springs has never been better. The Mental Health Division has extended the care for children and adolescents and has also developed family programs to aid children.

Mr. Anderson stated that at the Montana Center for the Aged, the PAS (Patient Assessment Score) has been on the rise. Currently there is not a waiting list at the center.

He said student nurses from the Montana State University Nursing Training Program have been doing a practicum at the Warm Springs facility. This activity helps in the recruitment of nurses.

The state hospital has developed a pre-admissions screening system to use on voluntary admissions, consistent with state law

requiring such a system.

A motion was made to adjourn.

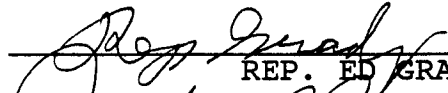
HOUSE INSTITUTIONS & CULTURAL EDUCATION SUBCOMMITTEE

January 14, 1993

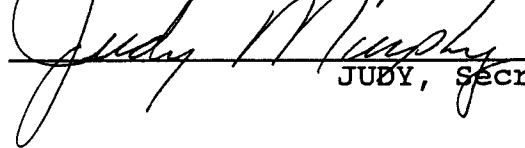
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ADJOURNMENT

Adjournment: 10:25 am



REP. ED GRADY, Chair



JUDY, Secretary

ED/jm

HOUSE OF REPRESENTATIVES

INSTITUTIONS/CULTURAL EDU. SUB-COMMITTEE

ROLL CALL

DATE

1-14-93

NAME	PRESENT	ABSENT	EXCUSED
SEN. GARY AKLESTAD	✓		
SEN. TOM BECK	✓		
SEN. EVE FRANKLIN, VICE CHAIRMAN	✓		
SEN. J.D. LYNCH	✓		
REP. RED MENAHAN	✓		
REP. LINDA NELSON	✓		
REP. ED GRADY, CHAIRMAN	✓		

EXHIBIT 1
DATE 1-14-93
27

**DEPARTMENT OF
CORRECTIONS AND HUMAN SERVICES**

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CENTRAL OPERATIONS

(Program 10)

DIRECTOR'S OFFICE

The Director's Office component of the Department of Corrections and Human Services consists of 12.0 FTE which in addition to policy and executive direction, provides legal, personnel and clerical support services.

All four program divisions report to the Director's Office via their Division Administrators. The Management Services Division, the Director's Office and the Administrator of Special Services comprise Program 10 insofar as central operations is concerned. The Board of Pardons is administratively attached to the Department, and is also budgeted in Program 10.

MANAGEMENT SERVICES DIVISION

The Management Services Division (MSD) has three primary purposes:

- 1) To provide departmental leadership and policy formulation in areas that cross division functional lines but are essential to the effective management of the department, including fiscal analysis and policy review, reimbursement rules and issues, and information systems planning, evaluation, and development.
- 2) To respond accurately and in detail to legislative and other outside inquiries on behalf of the department.
- 3) To provide direct services to the department in the areas of client financial evaluation, reimbursement billing, information system user support, grants and contracts management, accounting, purchasing, payroll, and budget analysis and monitoring.

The Management Services Division is comprised of the Fiscal, Reimbursement, and Information Services bureaus. Two employees are located at Montana State Hospital to be closer to the clients they serve.

FISCAL BUREAU

The bureau provides direct fiscal services to the Director's Office, Board of Pardons, Womens' Correctional Center, Swan River Forest Camp, probation and parole offices, department-owned prerelease centers, and all administration programs of the line divisions—approximately \$20.2 million total annual expenditures and 213 FTE. The fiscal bureau has undergone extensive personnel turnover during the last 18 months and has been challenged by resource constraints.

Plans for the 1995 biennium include development of more timely ways and streamlined budget status reports for management use and active participation in reviewing ways of achieving efficiency and economy by eliminating duplication and consolidating data processing, personnel, and fiscal functions.

REIMBURSEMENT BUREAU

The bureau evaluates each clients' ability to pay for the services provided at the residential facilities and bills the appropriate resource for services rendered. The bureau generates approximately \$14 million annually for the state general fund and approximately \$2 million annually for the alcohol earmarked account.

The bureau has begun work on electronic submission of medicaid and medicare claims which will speed up the billing process. Additional productivity enhancements for the 1995 biennium include receiving medicaid and medicare remittance notices electronically and evaluating the feasibility of migrating to a single general ledger billing system rather than continuing with the four ledgers it currently uses.

INFORMATION SERVICES

The bureau provides a user support function to all department personnel, both for the AS/400 and personal computers throughout the department. The AS/400 is "up" 24 hours/day, 7 days/week and the bureau strives to provide 98 percent available on-line time to the end user. Approximately 250 devices are attached to the AS/400.

In the 1995 biennium the bureau will be assuming leadership for the development of department policies and standards that are compatible with statewide standards, identification of how and what technology can best support the department's business strategies, and the development of a long-range plan that merges the business needs of the institutional and community elements of the department with the appropriate technology.

SPECIAL SERVICES DIVISION

(Programs 10 - 50 - 60)

The Special Services Division of the Department of Corrections and Human Services fulfills its responsibility to the citizens of Montana by developing, implementing and managing comprehensive and quality residential services for the developmentally disabled (DD); and nursing and domiciliary services for honorably discharged veterans and their spouses.

I. PROGRAM 10 - SPECIAL SERVICES DIVISION - OPERATIONS
(FY 93 - FTE = 1.0 - BUDGET = \$64,990)

Division operations are responsible for the effective and efficient operation of both the residential facilities serving the developmentally disabled (Program 50), and the nursing and domiciliary facilities serving veterans (Program 60). The division ensures compliance to all state and federal licensing and certification requirements by facilities through ongoing evaluations; provides and coordinates state-wide planning of services; oversees Long Range Building and Maintenance Programs; and conducts program and policy reviews and client abuse investigations.

A. Accomplishments/Good news

- Provided the needed administrative and supervisory support to ensure compliance to all required federal and state licensing and certification standards for all Division facilities.
- Assisted in the successful development and implementation of the Governor's Action Plan to Modify the Montana Developmental Disabilities Service System (MDDSS).
- Recommended and implemented major changes in the commitment laws for the developmentally disabled, Title 53, Chapter 20.
- Development and implementation of a standardized patient abuse/neglect reporting system, bloodborne pathogens policies and a waste/recycling plan.
- Implementation of the Eastern Montana Veterans Home (EMVH) construction project.
- Implementation of the Montana Developmental Center (MDC) Campus Redesign construction project.

B. Ongoing Issues/Challenges

- Maintaining licensure and certification standards and current client population levels with decreases in funding.
- Oversee and manage EMVH and MDC Campus Redesign construction projects.
- Maintaining the interagency task force on developmental disabilities.

I. PROGRAM 50 - RESIDENTIAL SERVICES FOR THE DEVELOPMENTALLY DISABLED (FY 93 - FTE = 457.73 - BEDS = 160 - BUDGET = \$14,135,502)

The residential program of the Montana Developmental Disability Service System is administered under the Special Services Division and provides residential care, treatment, education, habilitation, medical care and training to the developmentally disabled who can not safely and effectively be served at home or in community based services. These services are provided by two facilities licensed as intermediate care facilities for the mentally retarded (ICF/MR) under the federal and state medicaid program. These facilities are the Montana Developmental Center (MDC) in Boulder MT, and the Eastmont Human Services Center (EHSC) in Glendive MT.

As stated in the new Montana Developmental Disabilities Service System Plan developed by the Human Services Subcabinet and endorsed by the Governor in November of 1989, the future missions of the MDC and EHSC are as follows:

MDC will provide comprehensive residential training and treatment services to:

1. Persons with developmental disabilities whose behavior problems are so severe that they cannot safely and effectively be served at home or in community-based settings; and
2. Persons with developmental disabilities who have no severe behavioral problems but who have major self help deficiencies which cause them to require immediate emergency nursing or medical intervention or total or nearly total assistance in caring for themselves.

EHSC will provide comprehensive residential training and treatment services to persons with developmental disabilities who:

1. Have severe self care deficits;
2. as a group are predominately ambulatory;
3. do not have severe behavioral problems; and
4. do not have severe nursing or medical problems.

A. Accomplishments/Good news

- Since 1990 we have greatly improved the quality of treatment and programs offered to MDC/EHSC clients as demonstrated by passage of Department of Health and Environmental Sciences medicaid surveys.
- Increase in staff/client ratios, and the development of new and innovative programs to meet the facilities mission and the increasing and changing behavioral needs of clients.
- Increase in staff development/training programs
- Since 1989 reduced the MDC client population from 185 to 110 and reduced over 100 FTE. EHSC reduced population from 55 to 50.
- Strengthened client rights and abuse/neglect policies.
- Legislative approval of the MDC Campus Redesign construction program.
- Implementation of a workers safety program.

B. Ongoing Issues/Challenges

- Fulfilling the missions of the facilities, ensuring compliance with licensing and certification standards, and maintaining current population levels with current funding levels and continual budget reductions.
- Inability to recruit and fill professional positions.
- Inability to keep client populations at or below licensed/budgeted levels of 110 at MDC and 50 at EHSC.
- Ensuring continual intra-agency coordination of services with the Department of Social and Rehabilitation Services (SRS) and Department of Family Services (DFS).
- Increases in workers comp premiums.
- Demolition of old non-used buildings.
- Union negotiations and contract changes regarding work week/day, shift exchange, etc.

PROGRAM 60 - NURSING AND DOMICILIARY SERVICES FOR VETERANS
(FY 93 - FTE = 85.89 BEDS = 150 beds)

Veterans nursing and domiciliary programs are administered under the Special Services Division and services are operated in full compliance with federal and state licensing and certification regulations under the Medicaid and Department of Veterans Affairs reimbursement programs. These services are provided by one (soon to be two) facility that provides an environment which is least restrictive and pursues the highest respect for individual freedom. These two facilities are: The Montana Veterans Home in Columbia Falls, MT., and the Eastern Montana Veterans Home in Glendive, MT.

A. Accomplishments/Good News

- Continual improvement in the quality of care demonstrated by passing both federal medicaid and Veterans Affairs (DVA) surveys.
- Implementation of programs and policies which improve the quality of care and effectiveness of operations.
- Implementation of a workers safety program.
- Approval and the development of a new Veterans Nursing Home (EMVH) in Glendive, MT.

B. Ongoing Issues/Challenges

- Effectively fulfilling the program mission, complying with federal and state certification and licensing requirements and maintaining population levels with current funding and continual budget reductions.
- Increase in work comp premiums.
- Decreasing demand for domiciliary services.
- Inability to recruit and retain professional staff.
- Demolition of old non-used buildings.
- Union negotiations and needed changes in contracts regarding work day/week, shift exchange, etc.
- Effectively and efficiently bringing on line the operations of the Eastern Montana Veterans Home (EMVH) in Glendive. Begin operational staff phase-in April 1, 1994 and admitting residents July 5, 1994.
- Alternative services for veterans instead of building new EMVH facility.

CORRECTIONS DIVISION

(Program 20)

The purpose of this presentation is to give a division overview and share our Mission/Vision, our activities and our goals. The primary goal of the Corrections Division will be public relations as it is affected by public education, safety and awareness. As stated in Reich's book, THE POWER OF PUBLIC IDEAS, "The core responsibility of those who deal in the public policy...is not simply to discover as objectively as possible what people want for themselves...It is also to provide the public with alternative visions of what is desirable and possible, to stimulate deliberation about them, provoke a reexamination of premises and values, and thus to broaden the range of potential responses and deepen society's understanding of itself." THIS IS THE GOAL OF THE CORRECTIONS DIVISION.

MISSION STATEMENT

A Mission/Vision is the preferred future, a desirable state, an ideal state. It serves as a compass for the Corrections Division and Montana's Mission is:

MONTANA CORRECTIONS, AS PART OF THE CRIMINAL JUSTICE SYSTEM, CONTRIBUTES TO THE PROTECTION OF SOCIETY BY ACTIVELY HELPING OFFENDERS RETURN TO THE STATUS OF LAW-ABIDING CITIZENS. THAT HELP WILL BE PROVIDED IN A RESPECTFUL, PRINCIPLE CENTERED, DIGNIFIED MANNER WITHIN A SAFE, SECURE AND HUMANE ENVIRONMENT.

All employees of Montana's corrections system express the following core values as indices of performance in implementing the system mission:

VALUE 1 - The dignity of individuals, the rights of all members of society and the potential for human growth and development are recognized and respected;

VALUE 2 - Citizens are expected to assume responsibility for their action;

VALUE 3 - The potential of individuals to live as law-abiding citizens is recognized, respected, expected and encouraged;

VALUE 4 - Montana Corrections staff are the keystone of the system and are essential to accomplishment of the mission. The necessity of respectful and cooperative human relationships within the system is recognized.

VALUE 5 - Montana Corrections is committed to sharing the ideas, knowledge, values and experience essential to its mission with all staff, the public, political representatives and offenders.

VALUE 6 - Montana Corrections is committed to open, honest and ethical management of correctional resources. Montana Corrections recognizes its accountability to the public and its elected and appointed representatives.

PROGRAM 20

CENTRAL OFFICE AND COMMUNITY CORRECTIONS		87.00 FTE
Central Office	10.0 FTE	
Probation and Parole	65.5 FTE	4,593 Offenders
1 Life Skills Center	11.5 FTE	27 Offenders
3 Pre-Release Centers	0.0 FTE	175 Offenders
MONTANA STATE PRISON (MSP)		432.61 FTE
		1,205 Offenders
WOMEN'S CORRECTIONAL CENTER (WCC)		39.85 FTE
WCC	32.85 FTE	60 Offenders
Life Skills Center	7.0 FTE	12 Offenders
SWAN RIVER FOREST CAMP (SRFC)		26.83 FTE
		60 Offenders
DAIRY/RANCH		12.75 FTE
INDUSTRIES		5.25 FTE
INDIVIDUAL TRAINING		4.00 FTE
TAG PLANT		2.00 FTE
TOTAL FOR PROGRAM 20	6,132 Offenders	609.29 FTE

Accomplishments:

- * Completion of Division Mission Document with input from all Corrections Division staff.
- * Extensive studies completed: (Funded by National Institute of Corrections' grants)
 - Riot at Max Report completed 11/91;
 - O'Brien Security Audit Report completed 11/91;
 - Rowan Medical Review of Correctional Facilities completed 8/92;
 - O'Brien Key/Tool Control Report completed 9/92;
 - Staffing Analysis by Michael Fair completed 11/92 (report forthcoming);
 - Classification Study and development of Objective Classification System by Dr. James Austin initiated 11/92; (1 year grant)
 - Development of Total Quality Management (TQM) for the entire Corrections Division to begin 1/28/93 with workshop by National Institute of Corrections (NIC) consultant.

- * Emergency Procedures Plan, Post Orders, and major Policies and Procedures have been updated.
- * Meeting of administrative and supervisory staff of Corrections Division 9/92. The first ever meeting of this kind which involved key staff from the entire division. The focus was team building and communication as well as a discussion of the alternatives approach to corrections.
- * Initiation of development of Alternative Plan for Corrections. It is clear that what we've been doing in Corrections is not working; therefore, it's time to develop a program which utilizes alternatives to incarceration to a greater degree.

Ongoing Issues/Goals:

- * Development of Public Relations, education and public hearings in the development of a more proactive, community based correctional system;
- * Development of Total Quality Management (TQM) in the entire division and Unit Management in the various institutions - needed training and implementation in the system;
- * Completion of Classification Study, and development/implementation of Objective Classification system;
- * Increasing training in all areas as is relative to our mission and development of a linked computer network that will be used by the entire correction's system;
- * Upgrading pay, training and professional standards for all line personnel; (currently, Montana's Correctional Officers are paid \$5,000 a year less than the regional and national average)
- * Continued improvement in relationships/communications with the Board of Pardons and Unions;
- * Implementation of programs to include victims and the use of involved, trained volunteers in the community; (Such as Restorative Justice)
- * Continue the expansion and development of prison industry and Ranch Programs to help defray costs of operation;
- * Preparation and support of MSP staff prior to the civil and American Civil Liberties Union (ACLU) Riot related law suits;
- * Construction of new Women's Correctional Center in Billings and development of female correctional programs that will be a model and standard nationwide;

Discussion of the concept of adding 324 cells to MSP or the development of Community-based corrections program and alternative budget to address the projected population of almost 2,300 inmates by 1997. The construction will cost over \$20 million and require 214 additional FTE and a yearly operational budget of almost \$8 million. The alternative plan is designed to reduce the MSP population to 1100 from a current Average Daily Population of 1180 and the new Women's Center from 120 to 104, plus create several Intensive Supervision Programs and five Pre-Release Centers (including two on Reservations) throughout the State over the next 5 years; (THERE ARE CONCERNS AND THIS ACTION WOULD BE CLOSELY MONITORED TO DETERMINE WHETHER OR NOT FURTHER PRISON BEDS WERE NEEDED. THIS PLAN IS PRESENTED FOR THE CONSIDERATION OF THE LEGISLATURE TO EITHER BUILD OR APPROVE THE DELAY OF BUILDING AT MSP AT THIS TIME. CURRENTLY THERE ARE NO FUNDS AVAILABLE TO ADDRESS THE EVER EXPANDING COMMUNITY PLACEMENTS, AND UNDER THE ALTERNATIVE PLANS THE COMMUNITY PROGRAMS WOULD FIRST BE DEVELOPED AND IT WOULD BE DETERMINED TO WHAT DEGREE THEY ARE EFFECTIVE AND TO WHAT DEGREE, IF AT ALL, FURTHER BUILDING WAS NECESSARY.)

Under this community alternative the following numbers of inmates will be in the various programs by 1996:

MSP - 1,100	INTENSIVE SUPERVISION - 285
SRFC - 85	PRE-RELEASE CENTERS - 420
DIVERSION - 30	DAY REPORTING CENTERS - 16
EXTENDED SUPERVISION - 55	
TOTAL - 1,991	

* Increase the staff at MSP and in the field to better address the needs of the system to assure public safety and create programs that are resources to each other; (addition of 173.67 FTE, which includes 85.54 for MSP and 30.63 for WCC, to serve an additional 581 offenders).

* Expansion of Swan River Forest Camp to include a Boot Camp.

* Construction to be considered at MSP - Low side kitchen; High side Industries/Voc-Ed building to include a laundry; Bus Barn addition (a vocational program); renovation to Low and High Side housing to meet American Disabilities Act; remodel infirmary to include X-Ray machine and dental operator; expand bathrooms in A, B, C, dorms; remodel Reception Unit to better address the needs of admitting and testing inmates; add dry room to back security station so inmates could be totally searched upon returning to the compound; remodel Low Side gym to make it larger and more accessible to disabled inmates; remodel Urine Analysis lab in B Unit; remodel Rothe Dorm as office space; build Unit Management Office Space on units as needed; construction of new Dairy Dorm that has space for programming and visiting; installation of state of the art electronic fence detection system.

MENTAL HEALTH DIVISION OVERVIEW

(Program 30)

MISSION

- o Provide comprehensive inpatient and outpatient service system for adults with severe and disabling mental illness.
- o Provide, in cooperation with Department of Family Services and other agencies, community based services for children and adolescents with emotional disturbances.
- o Provide mental health services for adults who do not have severe mental health illness but are unable to afford needed mental health services.

SERVICE COMPONENTS**Current Caseloads**

Montana State Hospital:	
Warm Springs:	207 Patients
Galen Nursing Home:	51 Patients
Galen Acute Care:	25 Patients
Montana Center for the Aged:	136 Patients
Community Mental Health Programs	7,466 Patients (combined caseloads)
System serves approximately 13,500 annually.	

MAJOR ISSUES (1992-93 BIENNIUM)

Ihler Lawsuit
 Warm Springs Reorganization/Downsize
 Program Development
 Professional Staffing Gains
 Community Services Development
 Childrens Services Coordination
 Center for the Aged Patient Assessment Scores
 Consumer/Family/Citizen Participation
 Higher Education Involvement
 Mental Health Data System
 Program Monitoring/Evaluation
 Pre-admission Screening
 House Bill 103 Planning
 Informed Consent and Guardianships

ISSUES FOR 1994-95 BIENNIUM

MSH and Center for Aged Program and Facility Development
 Community Program Development and Evaluation of New Service Models
 Housing - *critical issue - federal money projects*
 Childrens Services Development *Keep home, state*

EXHIBIT 1

DATE 1-14-93

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ALCOHOL & DRUG ABUSE DIVISION (ADAD)

(Program 40)

FY 93 APPROPRIATIONS

General Fund	\$ 250,661
Special Revenues	1,696,372
Federal	3,337,470
	<hr/>
TOTAL	\$5,284,503

OPERATIONS (Central Office) FTE 8.00

RESIDENTIAL SERVICES - Galen FTE 51.65

MONTANA CHEMICAL DEPENDENCY CENTER (MCDC)

COMMUNITY SERVICES

MISSION STATEMENT

To promote a lifestyle free from chemical abuse for all Montanans by advocating and encouraging the barrier free delivery of responsive and innovative, residential and community based services in an environment of dignity and respect for all consumers, their families and staff.

DIVISION OPERATIONS - CENTRAL OFFICE

PLANNING AND PROGRAM DEVELOPMENT

DISTRIBUTION OF STATE & FEDERAL FUNDS

PROGRAM EVALUATION & APPROVAL & STANDARDS DEVELOPMENT

CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

PREVENTION / EDUCATION

ALCOHOL & DRUG INFORMATION SYSTEM

Residential Services on the Galen Campus are:

Detoxification services in the hospital.

Length of stay 1-3 days.

Montana Chemical Dependency Center (MCDC)

87 Treatment & 12 Orientation beds

28 day and 60 day inpatient programs

All patients entering MCDC must enter through Detox. Based on the level of care determined from the evaluation provided at the detox and orientation unit, an individual is either returned to the community for outpatient or referred to MCDC for inpatient chemical dependency treatment. After completing treatment, individuals are referred back to a community program for aftercare services.

Community Services

Services are provided by State approved chemical Dependency treatment programs and community based prevention programs. ADAD contracts with private not for profit providers for outpatient, inpatient, detoxification, Transitional Living and Prevention services. Currently 23 state approved programs receive contracts for treatment and prevention services to cover all 56 counties. In addition, ADAD contracts with community based prevention programs for prevention/education services only.

CHEMICAL DEPENDENCY TREATMENT SYSTEM

**33 State Approved Programs in 68 Locations
(MCDC AT GALEN INCLUDED)**

- 2 - Detoxification**
- 3 - Inpatient Hospital**
- 7 - Inpatient Freestanding**
- 2 - Intermediate (TLF)**
- 24 - Outpatient * Services Available in All
Counties -16 Provide Intensive Outpatient**
- 21 - DUI Court Schools**

*Alcohol recovery fund
Diet. Rehab
Transitional living facilities*

FUNDING FOR CHEMICAL DEPENDENCY SERVICES

- . State general fund - Galen only**
- . Earmarked alcohol tax - sales of liquor, beer and wine and cost recovery Galen.**
- . Federal block and categorical grants**

Major Accomplishments

- * **Merger of the of the Lighthouse Drug Program and the Alcohol Services Center into one program Montana Chemical Dependency Center (MCDC).**
- * **Availability of Intensive Outpatient Programs (IOP) in all urban communities with a population of over 10,000.**
- Implementation of the revised Alcohol and Drug Information System (ADIS) which meets federal criteria and state needs.**
- Completion of the 4 year state plan for chemical dependency services.**
- * **Establishment of 10 ongoing community prevention projects from funding received under the Community Youth Activity Program (CYAP) federal grant.**
- * **Incorporation of HB 909 legislation upgrading counselor certification into our existing certification system.**
- * **Completion of the Gambling Treatment Study required under HB 909 and the Incidence and Prevalence Study not required under HB 909 but requested by the Gambling Control Advisory Council.**
- Development of Patient Placement criteria to ensure the most appropriate, effective and cost efficient utilization of services.**

POLICY ISSUES

- Completion of the chemical dependency program reorganization on the Galen campus to include the implementation of the 14 day program and Detox, Education, Assessment and Referral (DEAR) program.**
- Promoting Galen as a responsive, effective and innovative residential chemical dependency treatment program and not a minimum security facility for the criminal justice system, a homeless shelter, etc.**
- Ensure treatment on demand at Galen by virtually eliminating the waiting list.**
- Ensure the availability of public funding for chemical dependency services in both the community and Galen.**
- Meeting both federal funding requirements and serving our state targeted critical populations.**
- Providing gambling addiction treatment and prevention services within the chemical dependency system.**

GALEN RESTRUCTURE

DEAR PROGRAM

DETOX, EDUCATION, ASSESSMENT & REFERRAL

- . 24-26 BEDS COMBINED DETOX & ORIENTATION
- . 3 COUNSELING STAFF
- . 4-5 DAYS IN LENGTH

SERVICES

- . DETOXIFICATION-MEDICALLY MONITORED
- . EDUCATION
 - LECTURES
 - VIDEO PROGRAMS & AA/RECOVERY LITERATURE
 - CLOSED AA MEETINGS
- . ASSESSMENT
 - INITIAL INTERVIEW
 - QUESTIONNAIRE TO SIGNIFICANT ONES
 - DATA FROM THE LEGAL SYSTEM ETC.
- . REFERRAL
 - BACK TO COMMUNITY
 - SHORT TERM TRACK
 - PRIMARY TRACK
 - EXTENDED TRACK

87 BED INPATIENT PROGRAM

1. SHORT TERM TRACK
 - . 9 BEDS
 - . LENGTH OF STAY 14 DAYS
 - . 1 PRIMARY COUNSELOR 9-1 RATIO
 - . INDIVIDUALS APPROPRIATE FOR INTENSIVE OUTPATIENT
 - . INDIVIDUALS WITH A HISTORY OF TREATMENT & SOBRIETY
2. PRIMARY TRACK
 - . 60 BEDS - LENGTH OF STAY 28 DAYS
 - . 6 COUNSELORS 10-1 RATIO
3. EXTENDED TRACK
 - . 18 BEDS 60 DAY LENGTH OF STAY
 - . 2 COUNSELORS 9-1 RATIO
 - . INDIVIDUALS WITH A HISTORY OF TREATMENT FAILURES

alcohol + drug

EXHIBIT

1

DATE

1-14-93

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HOUSE OF REPRESENTATIVES
VISITOR REGISTER

SUBCOMMITTEE

DATE

1-14-93

DEPARTMENT(S)

DIVISION

PLEASE PRINT

PLEASE PRINT

NAME	REPRESENTING	
<i>Robert C. ...</i>	<i>DHS</i>	
<i>Craig Thomas</i>	<i>BOP</i>	
<i>A. Thomas</i>	<i>BOP</i>	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT
FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.