

**MINUTES**

**MONTANA SENATE  
54th LEGISLATURE - REGULAR SESSION**

**COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY**

**Call to Order:** By **CHAIRMAN JIM BURNETT**, on January 13, 1995, at  
1:05 PM.

**ROLL CALL**

**Members Present:**

Sen. James H. "Jim" Burnett, Chairman (R)  
Sen. Steve Benedict, Vice Chairman (R)  
Sen. Larry L. Baer (R)  
Sen. Sharon Estrada (R)  
Sen. Mike Sprague (R)  
Sen. Dorothy Eck (D)  
Sen. Eve Franklin (D)  
Sen. Terry Klampe (D)

**Members Excused:** None

**Members Absent:** Sen. Arnie A Mohl

**Staff Present:** Susan Fox, Legislative Council  
Karolyn Simpson, Committee Secretary

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

**Committee Business Summary:**

Hearing: SB 40  
Executive Action: SB 32, SB 50

**HEARING ON SB 40**

**Opening Statement by Sponsor:**

**SENATOR STEVE BENEDICT, SD 30, Hamilton**, stated that SB 40 was requested by the Department of Corrections and Human Services and the Montana Advisory Council on Chemical Dependency. He said this bill is needed to eliminate inappropriate referrals to the Montana Chemical Dependency Center in Butte for inpatient treatment.

**Proponents' Testimony:**

**Darryl Bruno, Administrator of the Alcohol and Drug abuse Division, Department of Corrections and Human Services** read his written testimony in support of SB 40, to eliminate inappropriate referrals to the Montana Chemical Dependency Center in Butte.  
**EXHIBIT 1**

**Rolando Mena, Director, Montana Chemical Dependency Center,** spoke in support of SB 40. This bill will provide a single point of entry into the program and better management of the chemically dependent person within the community. Currently referrals are made from the court system and, as a result, there are many inappropriate placements at MCDC. A single point of entry after a thorough assessment has been done, using nationally recognized placement criteria, will result in more appropriate treatment for the individual. **Exhibit 2.**

**Betty Wing, Vice Chairman of the Montana Chemical Dependency Advisory Council,** spoke in favor of SB 40. She is Chairman of the Delivery of Services committee, who reviewed randomly selected files from at MCDC. Using nationally recognized placement criteria, they found approximately 40% of patients had been inappropriately placed. These patients could have been served just as well in a local program and received just as much benefit, rather than being in this expensive treatment program at MCDC. They also determined that these inappropriate placements were coming from the courts, probation offices, some from state approved programs, and some were coming on their own. Most of the patients were coming without any kind of evaluation ahead of time, so no one really knew whether they should be at MCDC or not. Another finding was that MCDC was not discharging those people when MCDC found out they shouldn't be there.

The committee felt there needed to be legislation requiring a completed evaluation before an individual goes before the court to determine placement. This evaluation, using nationally recognized patient placement criteria which specifies the level of treatment appropriate and necessary, would be send to MCDC for pre-admission screening.

The committee agrees with the legislative intent, already in the statutes, that it should be a systems approach. There are a lot of different sections of this system, they are all important, and should work together. If a person needs in-patient care, they should receive that level of treatment; if they need out-patient, they should receive care at that level. These systems need to blend together with increased communication and cooperation so there can be a continuum of treatment, starting at the local level, referred to MCDC if needed, then referred back to the community. There must be a plan in place when they go back to the community so that the necessary treatment is there.

The committee also felt it was necessary to specify what MCDC was not. It is not a hospital, there are no medical facilities at MCDC. It's not a shelter or free housing for transients; it's not a dual-diagnosis treatment center because

there are not facilities for the mentally ill; it's not a detention center; and it's not a jail where people serve their sentences. It is an in-patient chemical dependency treatment center. If people need medical care, they should be in a medical facility. If people need mental health care, they should be in a mental health facility. If they are serving a sentence, they should be in a jail or wherever the judge feels appropriate.

**Betty Wing, Deputy County Attorney in Missoula**, said MCDC has been abused. She said most of those in the criminal justice system have drug and alcohol problems, but no thought was given to the appropriate placement. The courts realized they needed treatment, but no thought was given to the most appropriate place - a state program at MCDC was available, so individuals were sent to MCDC because that was the easy thing to do. Routinely, a pre-agreement is made: a jail sentence is given, with credit for that sentence if they go to MCDC, without any thought that the treatment would be more appropriate at home. Almost everyday, a defence attorney will get his client out of jail, by saying his client realizes that he has an alcohol problem and wants to get treatment at MCDC. Because the Missoula County Jail is full, individuals are sent to MCDC, even though that may not be the appropriate placement for treatment. She feels an evaluation before placement would better serve those individuals with drug and alcohol problems, and would lead to a better expenditure of state money.

**Rob Robinson, Director of Gateway Recovery Center in Great Falls**, and serves on the Delivery of Services Committee there. He spoke in support of SB 40. One of the things that are being seen in the drug and alcohol treatment field is the need for individualized treatment. Over the years, many programs have based their marketing on individualized services, when, in reality, it was more assembly line services, rather than individualized. Little attention was given to individual clinical needs. He supports SB 40 because, using patient placement criteria, it will encourage individualized care. The American Society of Addiction Medicine patient placement criteria takes into consideration the severity of a person's illness and matches it to the intensity of services needed. When this is done, studies from Minnesota have shown the cost of treatment goes down and the success outcome goes up. Patient placement criteria is clearly the trend throughout the country.

Using patient placement criteria, the key is starting at the least intensive level, then as the need for stabilization is demonstrated, this service is sought. The goal is to stabilize the individual in their illness, rather than just using the most expensive and restrictive treatment, if it is not needed. When the patient is stabilized, he should receive the level of care needed for this stage of treatment.

The key is, at what point can the individual be separated from services, so that the individual doesn't become addicted or dependent on the addiction program or services provided. There have been abuses of the system by individuals who go into an in-

patient center two or three times a year because of the 3 meals-a-day and bed they need at that particular season or time of year. When the system exists that can be abused like this, it will be abused. He hopes that the overall system can be improved so that individuals can get the care that they need, and only the care that they need, resulting in reduced costs and improve the success outcome.

**Kathy McGowan, representing Chemical Dependency Programs of Montana,** spoke in favor of SB 40. **EXHIBIT 3.**

**Pat Melby, representing Rimrock Foundation,** which is a JCHO accredited chemical dependency and mental health treatment facility located in Billings. He said SB 40 will require MCDC to operate like private in-patient treatment facilities have operated for several years, with the accreditation standards of JCHO and insurance company requirements, which ensure that someone admitted to the chemical treatment facility needs a treatment criteria and a continued state criteria. He supports the passage of SB 40.

**Jan Eshler, member of Yellowstone County Gov Advisory Council,** supports SB 40. She is also a Justice of the Peace and sends patients to MCDC for treatment. She feels the judiciary should be accountable for the decisions they make. The decisions made aren't always wise, but are made in good faith. Programs need to be set up to appropriately assess the needs of defendants coming through the court, in terms of probation, parole, or refer them to programs where they can get help, and there needs to be definite criteria on which to base these decisions other than "just because we said so." This would give the courts an opportunity to establish home-based programs to get evaluations done and use the facilities that are least restrictive to those coming through the court system.

**Bill Martin, Director of Recovery North-West in Libby,** supports SB 40. He said many things have been said about this bill, but one thing that has not been said is that it works. Several of these things have already been tried at MCDC. The system has been abused, and nationally recognized criteria for sending patients for treatment is necessary. He said individual in-patient stays at MCDC have decreased from 30-35 days down to 20-24 days, because national criteria was used.

**Opponents' Testimony:** None

**Questions From Committee Members and Responses:**

**SENATOR LARRY BAER,** asked about existing facilities, staff, and budget, and what the effect would be with the passage of SB 40.

**Rolando Mena** said, with the present staffing pattern at MCDC, there has been a decrease in average daily census by about 25%, which enables them to decrease counselor to patient ratio. As a

result, they have been able to focus on quality care, better intervention, and placement back into the community. They have also been able to reduce the length of stay of 30 to 35 days down to 24 days, which enables them to treat the same number of patients over a period of time, but with a lower average daily census and a better client to staff ratio. There are many additional costs involved when people are not managed and referred appropriately, especially medical costs for broken bones, pneumonia, and other medical conditions that were not assessed at the community level. As a result, MCDC spends a lot of time and resources providing medical treatment for conditions that should have been dealt with in the community, prior to their being sent to MCDC.

**SENATOR EVE FRANKLIN**, asked about where indigent clients are referred for assessment, if the judge felt the individual would be appropriately placed at MCDC for treatment.

**Betty Wing** said they would be referred to a local Certified Chemical Dependency counselor and the client would make the decision.

**SENATOR FRANKLIN** asked about the waiting list for individuals to be assessed.

**Betty Wing** replied, to her knowledge, there is no waiting list.

**SENATOR MIKE SPRAGUE**, asked about the past process of dealing with a person who needs help, even though there has not been a diagnosis.

**Jan Eschler** replied that people come through the courts with a drug or alcohol-related offenses and the judge says, as a condition of the suspension, the individual must complete in-patient treatment. Then someone makes a bed date at MCDC and the individual goes for treatment. She said she requires an evaluation before sentencing, but these people may or may not need treatment. Some judges have made a habit of sending clients to MCDC. By having an assessment done first, there can be an appropriate referral for treatment, but these assessments must be done by a Certified Chemical Dependency Counselor.

**SENATOR SPRAGUE** asked, if a criminal has been convicted, and along with the breaking the law, there is a chemical or drug problem, can this individual use this as an excuse for avoiding incarceration and postpone the inevitable.

**Jan Eschler** replied, yes that is possible, but, if an assessment is done, the results of this assessment are compared with what the individual has been saying, and they don't match because the defendant is faking looking good or looking bad, she will send them back to the counselor for further evaluation. The individual will be sent to the least restrictive treatment, whether in-patient or out-patient.

**SENATOR DOROTHY ECK** asked, if an individual sentenced to jail time, is using treatment at MCDC as an alternative, and the evaluation indicates that out-patient care would be as good or more cost effective, what would happen to this individual.

**Jan Eschler** replied, the individual should be sentenced to the number of days in jail they should have, and not make up a number and play a con game with them by sending them to treatment rather than jail. She normally doesn't send them to treatment at the beginning of the jail time, but at the end of the term.

**SENATOR ECK** asked about the homeless, indigent person who would like to be sent to MCDC for the benefits of food and lodging, rather than treatment. Is there anything else for this person.

**Darryl Bruno** replied, there is nothing at MCDC for this problem. MCDC is not being promoted as a homeless shelter.

**SENATOR SHARON ESTRADA** referred to page 2, lines 25 and 26. She asked the meaning of "If the patient has no home, the patient must be assisted in obtaining shelter."

**Darryl Bruno** replied, this language has been in the bill for years. After MCDC makes the referral to an out-patient program, the assistance in obtaining shelter is handled when the individual gets back to the community.

**SENATOR ESTRADA** asked about the patient who is in Billings, and is referred to MCDC for treatment.

**Darryl Bruno** said MCDC supplies the transportation back to the community, then the after-care counselor takes over.

**SENATOR FRANKLIN** asked about the access in communities in rural areas.

**Darryl Bruno** replied, if only out-patient services are available in rural areas and the individual needed greater services, the individual is referred to MCDC on a variable length of stay, then referred back to the community for out-patient and follow-up services in the community.

**Closing by Sponsor:**

**SENATOR BENEDICT** said he has been on the council for about 4 years and there are too many people referred to MCDC in Butte who are inappropriate placements. Every county in the state is served by a chemical dependency counselor or a program that is approved by the state, and money from the state goes into these counties for assessments to be done. SB 40 will require evaluation before placement at MCDC so it will be more difficult for the legal community to dump patients in the Butte facility, whether the placement is appropriate or not.

*{Tape malfunction, lost remainder of hearing}*

Motion/Vote: SENATOR BAER moved SB 32 DO PASS. The Do Pass motion for SB 32 CARRIED UNANIMOUSLY.

Motion/Vote: SENATOR BENEDICT moved to AMEND SB 50. The motion to amend SB 50 CARRIED UNANIMOUSLY.

Discussion: SENATOR SPRAGUE said he would like to see the commission decreased to 3 or 5 members.

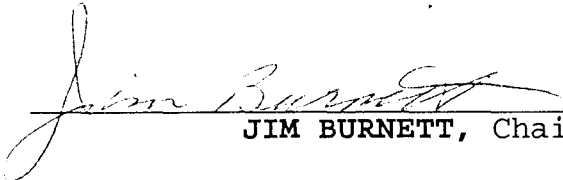
SENATOR ESTRADA asked if the existing members can be replaced with other people, but his bill won't do that.


SENATOR BURNETT said killing the bill won't kill the committee. The only thing this bill does is add an additional member to the committee.

Motion/Vote: SENATOR BENEDICT moved SB 50 DO PASS AS AMENDED. The Do Pass motion for SB 50 AS AMENDED CARRIED with Senators Baer and Estrada voting NO.

ADJOURNMENT

Adjournment: 1:10 PM

  
JIM BURNETT, Chairman

  
KAROLYN SIMPSON, Secretary

JB/ks



MONTANA SENATE  
1995 LEGISLATURE  
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE \_\_\_\_\_

1/13/95

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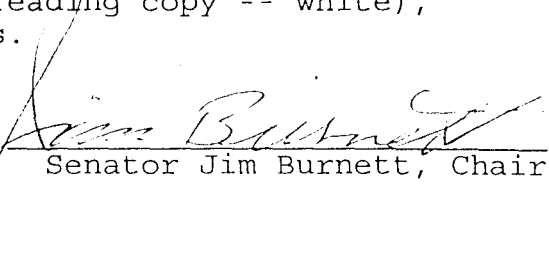
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SENATE STANDING COMMITTEE REPORT


Page 1 of 1  
January 13, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB32 (first reading copy -- white), respectfully report that SB32 do pass.

Signed: 

Senator Jim Burnett, Chair

 Amd. Coord.

SA Sec. of Senate

111457SC.SRF

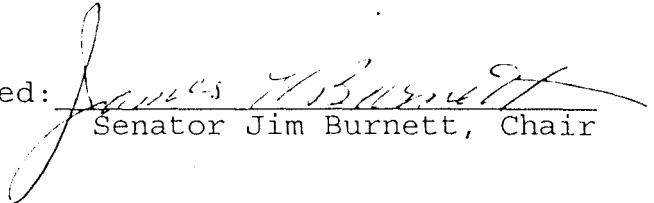
SENATE STANDING COMMITTEE REPORT

Page 1 of 1  
January 14, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB50 (first reading copy -- white), respectfully report that SB50 be amended as follows and as so amended do pass.

Signed:

  
Senator Jim Burnett, Chair

That such amendments read:

1. Page 1, line 28.

Strike: "10"

Insert: "11"

2. Page 1, line 29.

Following: "governor"

Insert: ", "

3. Page 1, line 30.

Following: "2-15-122(9)"

Insert: ", and with the consent of the senate"

4. Page 2, line 8.

Strike: "and"

5. Page 2, line 9.

Following: "~~meteorologist,~~"


Insert: "representative of labor; and"

6. Page 2, line 11.

Following: "~~consultant~~"

Insert: "(i) a"

-END-

 Amd. Coord.

SA Sec. of Senate

120802SC.SRF

## Testimony SB 40

This bill, introduced by Senator Steve Benedict, for the Department of Corrections and Human Services is at the request of the Montana Advisory Council on Chemical Dependency.

HB 40, pure and simple, will eliminate inappropriate referrals to Montana Chemical Dependency Center (MCDC) in Butte for inpatient treatment. It requires all admissions to MCDC to be evaluated by a certified chemical dependency counselor, using nationally recognized patient placement criteria and confirmation the appropriable level of care is not available in the community. It will also promote MCDC as a benefit and not an entitlement by discouraging abuse and manipulation of the system while promoting accountability and personal responsibility.

The passage of HB 40 will reduce costs, maintain a reasonable schedule of admissions while decreasing the no show rate at MCDC. It will increase the intensity of care for people in treatment and ensure only persons requiring this level of intensity will be admitted. Passage will improve the linkage for the necessary aftercare and other support services, patients require in the community when treatment at MCDC is completed.

The Montana Chemical Dependency Center is a 90 bed inpatient and 10 bed non hospital detoxification chemical dependency treatment program. Prior to the 1993 legislature this program was located on the Galen campus of the Montana State Hospital. MCDC is funded from earmarked alcohol tax revenue appropriated by the legislature. The fy 96 operating budget is projected at about \$2,365,000 each year with a staff of about 48 FTE. MCDC is administered by the DCHS Alcohol and Drug Abuse Division. MCDC's budget represents about 60% of the total earmarked (state) funding for chemical dependency treatment and prevention services. Therefore appropriate utilization of this program is of prime concern.

In April of 1994 tasks forces were assembled to work on some critical issues regarding funding in the chemical dependency arena. The task forces included funding, detoxification, treatment of the criminal justice client and the delivery of services. The *Delivery of Services* task force was assigned the following objective: providing chemical dependency treatment in the most appropriate cost effective least restrictive manner. This committee, chaired by a member of the Montana Advisory Council on Chemical Dependency and included directors from community based programs and staff of the Alcohol and Drug Abuse Division (ADAD), decided it would be most beneficial to review the files at MCDC to determine if the state was using the facility appropriately. The focus at MCDC was to see if the facility was providing treatment services to individuals who could and should receive outpatient services in the community.

After several months, reviewing numerous cases of individuals admitted to MCDC, it was determined by the task force that many people admitted to MCDC could be served in less costly environment in the community i.e. outpatient.

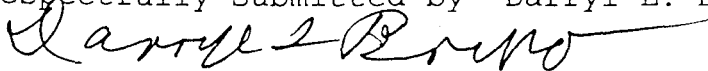
Providing services to individuals who are not appropriate for the inpatient treatment program at MCDC waste valuable resources including staff hours, cost of physical exams, lab x-rays, travel laundry, food etc;.

This task force made recommendations to the advisory council including legislation which would limit MCDC to the purpose for which it was funded.

We believe that chemical dependency, like treatment of other disorders, the severity of the addiction should determine the type and intensity of treatment.

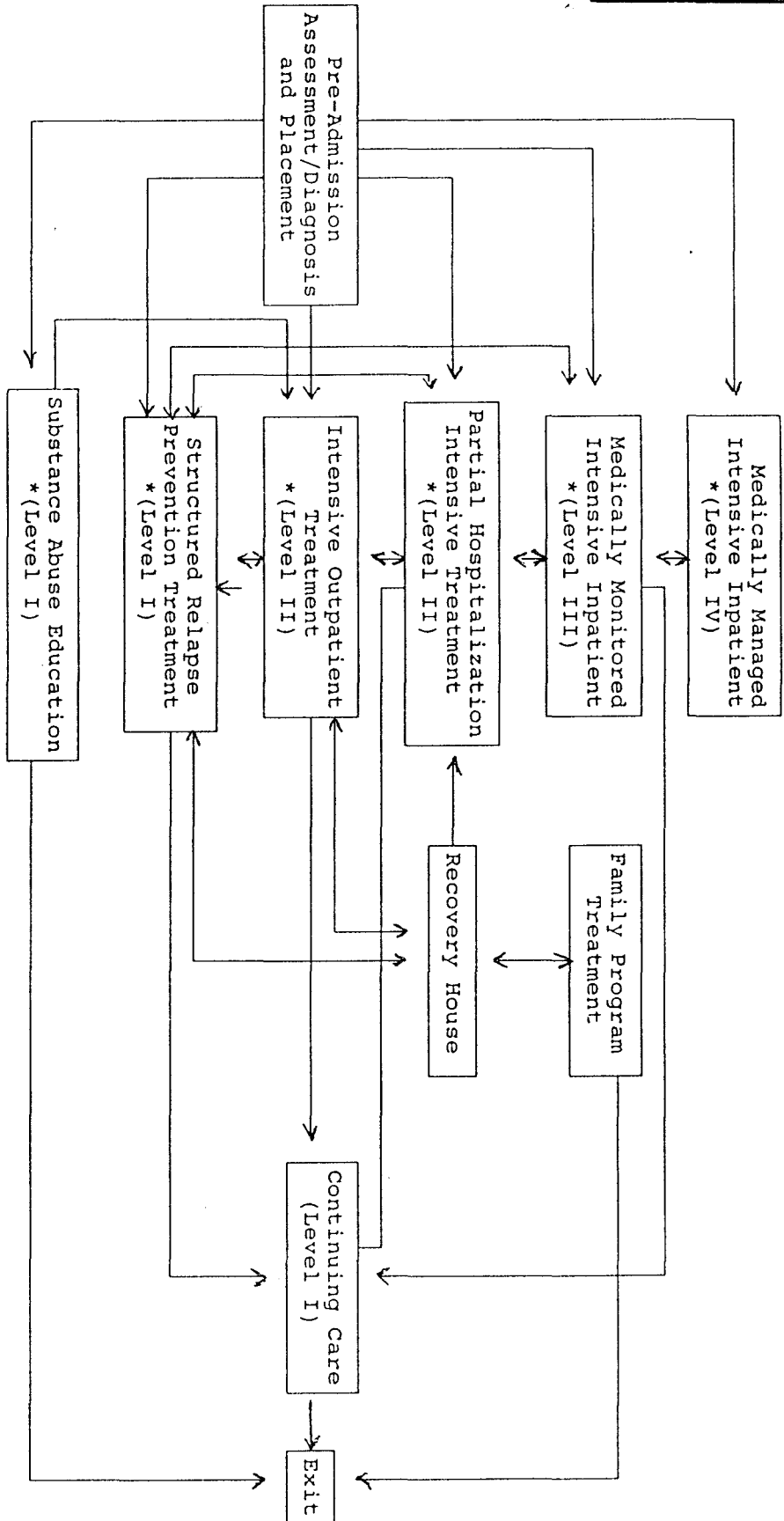
Passage of this bill will not prevent any one from receiving services at MCDC if this is the required level of care. It will allow MCDC to control costs and provide a more intense level of care to those individuals that are appropriate for the program.

Respectfully Submitted by Darryl L. Bruno

A handwritten signature in cursive script, appearing to read "Darryl L. Bruno", written in dark ink.

Administrator of the Alcohol and Drug abuse Division  
Department of Corrections and Human Services.

CONTINUUM OF CARE OPTIONS



Initial Placement  
 Red  
 Blue  
 Green  
 Exit Options

\* Levels of Care Refer To ASAM Dimensional Criteria

*Testimony S 40*

*This bill, introduced by Senator Steve Benedict, is at the request of the Montana Advisory Council on Chemical Dependency.*

*S 40 will establish a single point of entry into the Montana Chemical Dependency Center (MCDC) through a Certified Chemical Dependency Counselor. This will ensure that referrals to MCDC will be appropriate and based on multi-dimensional patient placement criteria.*

*A review of MCDC files revealed that numerous patients where referred to the program without prior assessment and application of patient placement criteria. Many of these patients where self, court, probation and parole referrals admitted without supporting documentation. It was also determined that many of these patients could have been assigned a lower level of care and provided treatment in the community.*

*The passage of S 40 will ensure that patient placement documentation supporting level three care is received from the Certified Chemical Dependency Counselor prior to admission. This will result in appropriate utilization of treatment services and permit MCDC to focus intake and assessment resources toward treatment plan development, case management, relapse prevention, continued stay review and referral to continued care.*

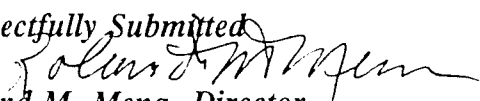
*Managing appropriate admissions to MCDC in this manner will promote collaboration between the Chemical Dependency treatment providers and community agencies to best serve and monitor the patient for compliance. The MCDC waiting list will be positively affected and can be managed to under two weeks while providing treatment on demand for critical populations. When the scheduled admission list is managed in this manner the show up rate increases.*

*With the linkage between the Certified Chemical Dependency Counselor and MCDC the average length of stay can be reduced (It is currently 24 days) moving the patient into least restrictive levels of care in the community.*

*The patients participation in continued care plays a major role in treatment outcomes and relapse prevention. This bill strengthens the linkage between the patient, community based programs, and MCDC. The linkage improves case management of patients as they move through the continuum of care and promotes patient accountability and responsibility to follow through with continued care in the community.*

*Final, this bill promotes access to public treatment services as a benefit instead of an entitlement. Treating the public patient in a manner that promotes accountability and responsibility places value on the service received and discourages dependency and abuse of the system.*

*Respectfully Submitted*

  
*Roland M. Mena, Director*  
*Montana Chemical Dependency Center*

Testimony in Support of Senate Bill 40  
Provided by Kathy McGowan,  
Representing Chemical Dependency Programs of Montana

My name is Kathy McGowan. I am here representing Chemical Dependency Programs of Montana, an association of both inpatient and outpatient chemical dependency programs. CDPM wants to go on record in support of Senate Bill 40.

Senate Bill 40 seeks authority to require a comprehensive evaluation at the community level of patients with chemical dependencies to determine, using Patient Placement Criteria, whether the patient can be treated outpatient or whether they will require inpatient care at Montana Chemical Dependency Center.

For many years the state of Montana has used the state chemical dependency center for patients, without regard to whether they actually medically need an inpatient setting. With the advent of intensive outpatient programs and day treatment settings, many of these patients can be treated in community-based public funded programs. With the use of Patient Placement Criteria, published by the American Society of Addiction Medicine, the most appropriate treatment level or setting for each patient can be determined in a community setting. This means more cost-effective care and assures that patients who can be treated effectively in an outpatient setting will be.

We cannot continue to expand the state funded services at Butte, nor should we do so, if patients can be treated in local outpatient settings. We ask you to support this important step in providing more cost-effective and quality care for patients.



Amendments to Senate Bill No. 50  
First Reading Copy

For the Committee on Public Health, Welfare, and Safety

Prepared by Susan Byorth Fox  
January 11, 1995

1. Page 1, line 28.

Strike: "10"

Insert: "11"

2. Page 1, line 29.

Following: "governor"

Insert: ", "

3. Page 1, line 30.

Following: "2-15-122(9)"

Insert: ", and with the consent of the senate"

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Following: "~~meteorologist~~,"

Insert: "representative of labor; and"

6. Page 2, line 11.

Following: "~~consultant~~"

Insert: "(i) a"

DATE 1/13/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 40

< ■ > PLEASE PRINT < ■ >

Check One

Name	Representing	Bill No.	Support	Oppose
JANET ESCHLER	Yell. Cnty. / <sup>Gov.</sup> Advis.	40	X	
SAKA REHMER	<sup>CD: Family</sup> / <sup>Howell Co. Courts</sup> / CDC	40	X	
Betty Wing	advisory council on chemical Dependency	40	X	
Darryl BRUCE	DC HS / ADH 12	40	X	
NORMA BOLES	DC HS / ADH 17	40	X	
Ref. No. 4211	DC HS / DADP	70	X	
Pat Melby	Rimrock Foundation	40	✓	
KATHY McGOWAN	Chem. Dep. Progs. gmt	40	✓	
William A Martin	Recovery North west Liby	40	✓	
Pat Robinson	Crutney Recovery Ctr.		✓	

## VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY