

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

JOINT SUBCOMMITTEE ON INSTITUTIONS & CULTURAL EDUCATION

Call to Order: By VICE CHAIRMAN LARRY TVEIT, on January 18, 1995, at 8:30 a.m.

ROLL CALL

Members Present:

Sen. Larry J. Tveit, Vice Chairman (R)
Sen. Gary C. Aklestad (R)
Rep. William T. "Red" Menahan (D)
Rep. Steve Vick (R)
Sen. Mignon Waterman (D)

Members Excused: Rep. Marjorie I. Fisher, Chairman
(for the first part of the meeting)

Members Absent: Sen. Gary Aklestad

Staff Present: Lisa Smith, Legislative Fiscal Analyst
Brandee Decrevel, Committee Secretary

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

Committee Business Summary:

Hearing: Department of Corrections & Human Services
- General Overview
- Chemical Dependency Program
Executive Action: None

{Tape: 1; Side: A}

HEARING ON DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES

Lisa Smith, Legislative Fiscal Analyst (LFA), presented the Executive Budget overview of the Department of Corrections and Human Services (DCHS). Services for seriously emotionally disturbed youth in the mental health program and increases for the expanding correction population are the two main budget increases for FY96/97.

{Tape: 1; Side: A; Approx. Counter: 172}

Rick Day, Director, Department of Corrections and Human Services, said that often times because of the controversy surrounding the state's correctional services it's easy to forget the rest of the services the department provides for those with disabilities and illnesses that prohibit their full participation in society. DCHS programs are designed to meet these human behavior issues outside of the correctional system.

DCHS has five divisions: Corrections; Mental Health; Management Services; Alcohol & Drug; and Special Services. Each division includes an institutional and a community component. This is designed around the concept that the population of both institutional and community programs flow into each other.

EXHIBIT 1

About 82% of the DCHS budget, just under \$200,000 million, is from state general fund. Those funds are broken out in the department as 43.2% Mental Health; 38.2% Corrections; 15.3% Special Services; and 3.3% General Operations.

The corrections division has the Montana State Prison; the boot camps; and men's and women's pre-release centers and responds to just under 6,000 offenders statewide. Approximately 5,000 of those offenders are in community programs.

The mental health division has the state hospital and the quality improvement areas in community services across the state. These community services are set up in contract relationships with the mental health centers across the state. The state performs quality control and review functions under these contracts.

Management services handles the budget, does all the data processing and has the computer automation function. The largest program in management services is handling the reimbursement from services such as the veteran's programs and Medicaid.

The alcohol and drug abuse program has the state-funded chemical dependency treatment program in Butte and contracted services in local certified chemical dependency programs.

The special services division falls outside the community/institutional programs and contains the developmental disability institutional functions in Boulder and Eastmont and the veteran's nursing home program in Columbia Falls and the new veterans nursing home scheduled to open in Glendive.

DCHS, even with the new proposals this biennium, will have less FTE than in FY94.

SEN. MIGNON WATERMAN asked why Eastmont still has FTE. **Mr. Day** explained that by the next biennium there will be no FTE associated with Eastmont.

Mr. Day reported that DCHS did not have a supplemental request in this biennium, even though the correctional populations increased. This was because of good management practices including budget flexibility which allowed DCHS to move funds around in the department. DCHS has initiated an aggressive worker's comp worker safety program and early return-to-work program which has helped bring under control the rising rates of worker's comp. There has also been some reorganization and assessment of positions. For example two administrator positions, a deputy administrator and two superintendent positions have been eliminated in the process of trying to consolidate and streamline the management system.

Also the accounting, budget and institutional business management staff is being consolidated so the chief financial officer has a broader scope of responsibility and supervision. The aggressive medical management program involving Blue Cross/Blue Shield has helped contain medical expenses. The Galen facility was closed by July 1993 with a lay off of 150 staff. Incorporated in that process was the move of the chemical dependency program to Butte and the transfer of 48 patients. The state has a contract with Deer Lodge County to manage the Galen campus and county officials are working very diligently to try to continue to find alternate uses for that facility.

{Tape: 1; Side: B}

SEN. WATERMAN asked if it's correct that there are only four students in the Galen facility and the state is still paying \$100,000 in maintenance. **Mr. Day** said it is a small program and the state is paying \$100,000 per year for the management/maintenance of the campus. The plan is to be completely out of that process by the end of FY97. One of the issues with the Galen facility was the waiting list, at the chemical dependency center in Butte there is no waiting list.

The population at Warm Springs has stayed under 200 and been consistent at that level. The geriatric program had its first inspection from the state health department and had no deficiencies.

Managing Resources of Montana (MRM) is essentially the initial response to the elimination of in-patient psychiatric care. There is still improvement to be made in MRM but a lot of progress has been made and there is a great deal of community ownership in that program. Case management for seriously emotionally disturbed children is available in all 56 counties around the state. MRM is working hard to develop alternative services like day treatment and respite care. A two-year planning process at the community (regional) level for admissions and budgets formed the basis for the \$3 million increase per year general fund in MRM. DCHS is working with Social and Rehabilitation Services and Family Services in establishing a managed care system for all mental health services.

Construction for eastern Montana Veteran's Home, which is a state built facility to be operated under a private contract, will be complete in mid-February 1995. Right now the waiting list for that program is five and it needs to be 37 to begin operations. The reconstruction of the Montana Developmental Center in Boulder began in August 1994 and is scheduled to be completed in January 1996. It's estimated that consolidation will generate about \$1 million a year in savings and allow the reduction of 24 FTEs. In past years there have been problems with certification in Boulder but that is no longer a problem.

Part of the direction and efforts on the corrections side were to expand community programs and alternatives to prison. Montana State Prison (MSP) population is up to about 1,300 from less than 1,200 two years ago. The women's correctional center is over stressed with 52, the opening of the expanded community program should alleviate this somewhat. There are about 6,837 prisoners the department is managing in corrections and over 5,000 of those are in the community programs. Pre-release is at capacity with 10 new beds. Swan River has been converted to a corrections boot camp and is functioning well along with the pre-release transition program for boot camp graduates. Privatization efforts include physician services at MSP and the two newest pre-release centers are privately run.

Probation/parole had a major expansion including hiring 17 new probation/parole officers and expanding the intensive supervision program. There is a high security laundry system under construction which will consolidate laundry services from Boulder and Warm Springs in the Montana State Prison which should happen in June/July 1995. This laundry will put more inmates to work with less inmate idleness inside the prison. MSP is installing a new security fence which is a high-tech alternative for the reduced staff in the guard towers. The women's prison program is being completely relocated to Billings as of September 1994.

DCHS is slowly trying to automate through conserving funds and reinvesting in a network system. The central office, MSP and Warm Springs are connected with the probation/parole offices slowly coming on line. A quality management council has been initiated to combine upper management and labor.

When the community programs were expanded the failure rate increased simply because of the increased number of inmates in the program. So, some of these people are coming back into MSP, which in some part explains the record increases in admissions at MSP. Community services can only be expanded to a certain point and at some point there aren't inmates available to qualify for those programs or the capacity the communities are willing to accept has been reached. Because of this there is a need for increased hard cell capacity. DCHS is proposing a regional jail system that tries to improve both county jails and the state prison. DCHS is also asking the committee to consider a state hospital redesign.

REP. TVEIT asked how much the regional prisons would downsize the main prison. **Mr. Day** said with current plans the regional prison system could accommodate approximately 420 inmates in the four jails. Right now there is a confirmed location in Cascade county, and initial commitments from Dawson, Yellowstone and Missoula counties. The process requires both voter approval and state approval. In the long run it brings up two systems at the same time. A better county jail which is important to the state because this is where the probation and pre-release programs are managed along with the state pod. The size of that pod is dependent on the community. Billings may be able to accommodate a 120 bed facility that could expand to 240 (with double bunk) and a smaller community like Glendive would probably have less beds.

SEN. WATERMAN commented that the Great Falls facility will come on line in 1997 but the other regional prisons won't be on line until 1999. This still leaves MSP 200-400 over capacity for the next several years. **Mr. Day** responded that there definitely will be capacity problems in the next few years, but the regional prison system is designed to respond over the long term. There is still some capacity in the dairy and honor dorms as well as the new forensics building at Warm Springs.

SEN. TVEIT asked how DCHS could have made an agreement with Great Falls for the regional prison since authority hasn't been given by the legislature. **Mr. Day** explained that their voters have approved the bond and DCHS is requesting the legislature authorize the state's part.

SEN. TVEIT asked for an explanation of the regional prison in terms of how it funded and the division of responsibilities. **Mr. Day** explained it is jointly funded between voter approved bond issues and the state. In Great Falls it will be a 104 bed county jail and the state will pay for the state prison pod and a percentage of the common area. There are no FTE involved because the state contracts with the county on a per day basis using the general fund prison costs as a cap. Ultimately ownership of the building will be returned to the county so the state won't be in the position of having more buildings to manage. The proposal won't put state costs off on the counties and vice versa. There is flexibility built in so initially the state pod will have 76 single beds but can add bunks for double occupancy.

Mr. Day explained the state hospital redesign will affect long-term budget areas because it's really a self-pay operation. The savings from restructuring the state hospital will pay for the construction and allow the department to direct funds to community services that will support this system.

Additional probation/parole expansion is requested which goes back to offenders being located primarily in the communities. With a smaller case load, more time to supervise, and better monitoring, probation/parole has a better ability to prevent

crime and make those offenders successful on probation and parole. This expansion is a cost issue, but a successful person on probation/parole costs \$2 per day as compared to \$40 per day in MSP.

{Tape: 2; Side: A; Comment: Lost about 3 minutes in tape change}

Mr. Day said everything DCHS deals with are human behavior issues and there are both successes and failures. DCHS has presented a realistic budget that tries to address current issues as well as looking at long-term solutions.

SEN. TVEIT asked what the state was currently doing in the Galen facility. **Mr. Day** answered the state has no programs or intentions of establishing programs at Galen. The private program there is small and has no direct relation to the state.

SEN. TVEIT said that the director at Warm Springs told the subcommittee that in a short time the \$6 million building will be down to about 20 people. There's only going to be 140 people there down from the current 210. The legislature is being asked to put in an \$18 million building program at Warm Springs. The concern is that the forensic unit will be used for a minimum security prison with a low population. The Warm Springs psychiatrist says the new forensics unit really isn't designed well for the patients. The state could spend a lot less than \$18 million and do the same job and maybe use the Galen buildings in some areas.

Mr. Day said generally DCHS does try to reuse empty facilities, but in non-general fund areas because the overhead cost of restructuring buildings for patient/inmate occupancy could be a bigger bill than for a new building. The main reason for the redesign at the Montana State Hospital is to consolidate that campus. The new building will serve 135 average daily population and approximately 500 people through any given year. The new building can essentially make the state hospital a \$13 million operating budget down from the current \$20 million operating budget, largely due to consolidation of the heating system, food services system, etc. The forensic building should be reused for correctional services. A bill has been introduced that would ask the legislature to designate the forensics building as a correctional facility upon completion of the new state hospital campus.

Mr. Day It's supposed to be finished by mid-February so it's pretty well along. I remain very optimistic. Through my experience with the Veteran's people over the last session I believe that if anybody can make sure it has an adequate number of patients they're going to make sure that's done.

SEN. WATERMAN asked if it will be the state's responsibility to maintain the eastern Montana Veteran's facility if there are not enough patients with which to open. **Bob Anderson, Special**

Services Division, DCHS, explained that the contract with the Glendive Medical Center indicates that once the facility is completed and equipped, the Glendive Medical Center takes over the maintenance and operation of the facility for the two years of the contract. The facility does not have to be opened until there are 37 patients.

{Tape: 2; Side: A; Approx. Counter: 416}

HEARING ON DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAM

Ms. Smith presented the Executive Budget overview of the DCHS Chemical Dependency Program. There is no general fund in this program. The main issue is the concern with the level of alcohol tax that is available to fund this program. There may be more federal funds available than originally anticipated.

{Tape: 2; Side: A; Approx. Counter: 460}

Darryl Bruno, Administrator, Alcohol and Drug Abuse Division (ADAD), DCHS, gave an overview of the DCHS Chemical Dependency Program. For years ADAD's major responsibilities were for community programs with only technical assistance and evaluation services for the alcohol and drug treatment programs at the Galen campus. Program evaluation and approval and standards development is a major function within the division. Montana is one of the few states that have implemented patient placement criteria in the state public treatment system. DUI(ACT) programs can, by law, only be in state approved programs.

Chemical dependency treatment programs are available in every county in the state on an at least weekly basis. These programs are getting to be more difficult to provide because of the decline in state public funds. There are no halfway houses for women - which is a needed service. By law the DUI court schools can be within any existing state approved treatment program. To discourage duplication and encourage efficiency of services in existing programs, other than two communities, there is only one out-patient per county.

{Tape: 2; Side: B}

If the Executive request for earmarked alcohol tax is appropriated, the projected distribution to counties would decline from five years ago when it was \$1,307,000. As more money is used in state expenditures, money that's available to fund programs in the community goes down. It's a serious concern and quite frankly there aren't many community based programs. The Montana Chemical Dependency Center program doesn't do too much good if there is no place to send patients for after care treatment.

The projected increase in federal block grant SAPT Funds may not be accurate because at the federal level there's a lot of talk about less restrictions and a possible decline in dollars. Until a few years ago ADAD really didn't use federal funds for administration, but that's changing. In prevention services, federal funds are being put into the interagency coordinating council (ICC), along with other agencies funds. ICC is great for coordinating prevention services and coming up with the right initiatives throughout the state of Montana. Prevention services dollars will probably decline so there should be a coordinated effort to prevent duplicating services which is where ICC works. The expenditures in infectious disease initiatives is being replaced with federal block grant funds. Tobacco regulations came into place with the block grant two years ago. ADAD is responsible for monitoring enforcement regulations for the sale of tobacco products for adolescents. The money will go for such things as working with tobacco coalitions, and working on sting operations.

REP. VICK asked if the tobacco regulations were meant to catch stores selling to minors. **Mr. Bruno** said essentially the regulation is for store sales. A federal law recently passed makes it illegal to sell tobacco to people under the age of 18. If DCHS doesn't enforce this law, the block grant can be penalized 10% on the first year and higher in subsequent years. Montana was the last state in the country to pass laws limiting sales of tobacco products.

REP. VICK said he has a bill in this session to make it illegal for minors to possess tobacco products. He asked **Mr. Bruno's** opinion on the bill. **Mr. Bruno** said tobacco is probably one of the biggest health concerns in this country and every effort should be made to prohibit the sales and possession by minors. A concern with the regulations is making an alcohol and drug treatment and prevention program responsible for enforcement.

SEN. WATERMAN said if **REP. VICK's** bill passed the money ADAD uses on tobacco regulation could also be used to enforce the law against minor possession. That should still meet the block grant requirements. **Mr. Bruno** responded it would meet the requirements and the effort will probably be supported by the tobacco coalition. Another bill being introduced will require merchants with tobacco violations to get their clerks education materials created by the ADAD office. Enforcement efforts don't work that well, money is better spent on treatment and prevention.

REP. MARJORIE FISHER commented that a lot of money was being used on alcohol treatment programs while there were still many DUI offenders with four or more offenses. **Mr. Bruno** said the alcohol treatment programs are successful but most of the DUI offenders anymore are repeaters and its difficult to insure against recidivism without available after care treatment. ADAD will do a long-term study to try to determine the success of the people who have completed the Montana Chemical Dependency Center

program. The current follow up of six months and a year for patients show pretty good success rates.

REP. MENAHAN said one of the things about alcohol treatment is that repeat offenders have not accepted the fact that they want to quit. The people that really want to go into this program have a high success rate. Because ADAD has to take everybody into this program that are sent by the judges MCDC treats a lot of people who don't want to stop drinking and won't use the after care programs. **Mr. Bruno** agreed that a huge percentage of the MCDC population are involved in the criminal justice system.

The de-tox program at Butte is basically regional to Lewis & Clark, Missoula and Silver Bow counties. The facility at Galen used to have a notorious waiting list, up to three months for men and 70 days for women, at MCDC there is almost no waiting list. In Butte admissions have increased to 1,600 per year versus 1,500 per year at Galen. Policies have changed to reduced the length of stay for most placements. MCDC is the first stop before getting patients into intensive outpatient treatment in the communities. The program runs six days a week as opposed to five days a week at Galen. The program is very intense so there isn't much recreational service and patients don't want to stay, they want to successfully complete the program and get out.

MCDC tries to ensure that the people who come in for treatment can be served appropriately with either inpatient or outpatient services. Many of the courts and a lot of prosecutors insist on returning people to MCDC whether they need to or not. A bill introduced by **SEN. BENEDICT** on the behalf of DCHS will require that offenders be assessed in a community program to determine the best treatment setting. The point of entry to MCDC should be in the community and there should be a bridge for outpatient service in the community.

{Tape: 2; Side: B; Approx. Counter: 940}

Roland Mena, Program Director, Montana Chemical Dependency Center (MCDC), DCHS, said that a major goal of MCDC when it moved to Butte 18 months ago was reducing the waiting list. The waiting list has now been virtually eliminated, with the longest wait being two weeks and the ability to provide treatment on demand for critical populations such as dependent children and i.v. drug users.

{Tape: 3; Side: A}

MCDC provides some health services to address problems that are more common among the chemically dependent, including TB and HIV testing and counseling. A four county pilot project which began 18 months ago focuses on facilitating outpatient placements. Past history has been about 30% of recommended after care patients have used the service. After care is a vital aspect of the whole treatment program - if a person doesn't access after

care services and follow recommendations then their repeat rate is very high. In the pilot counties the after care patient show-up rate has increased to 78%. Of these, 50% complete the program. The major goals of MCDC program effectiveness are to work with the person to recognize that they have a problem, to inspire some motivation in making changes and to facilitate and do whatever is necessary to ensure that person enters and successfully completes after care programs.

MCDC has gone from 17% female population to 26%. Women seem to find MCDC a safe option to access services. The intensity of services has increased with counselor to patient ratio at 1:8 down from a previous 1:12 ratio. This ratio provides more intensive counseling with the ability to get on top of problems that may occur on the unit. MCDC has implemented some managed care principles with no set number of days for a stay. The average stay has dropped from 30-35 days to 24 days. With the reduced length of stay the beds are turned over many more times enabling MCDC to treat more patients.

{Tape: 3; Side: A; Approx. Counter: 142}

Marc Donalds, former patient at MCDC and the MCDC halfway house program, said he's chemically dependent and an alcoholic. MCDC is the only program he's been through, though he's read it takes an average of three to four treatments before success. The intensity at MCDC left no time for play or to concentrate on anything but the actual treatment, it's very tiring mentally. Two years ago while he still had a good record, **Mr. Donalds** tried to get into the program but there was a waiting list. After that he got into criminal trouble because of the addiction including losing his driver's license because of DUI. If he had been able to enter MCDC when he first tried, **Mr. Donalds** believes he wouldn't have gotten into this trouble, which hurt other people also. **Mr. Donalds** has not used drugs or alcohol since finishing the MCDC program in November. The program is important and it works.

ADJOURNMENT

Adjournment: 10:45 am

Mar. I. Fisher

MARJORIE I. FISHER, Chairman

P. Borneman

for Paula Clawson, Recording Secretary

MIF/BJD

Note: These minutes were written by Paula Clawson and edited by Lisa Smith, LFA.

*These minutes were received 4 months after
the meeting. It does not sign as to their
accuracy.*

INSTITUTIONS

Joint Appropriations Subcommittee

ROLL CALL

DATE January 18, 95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Marj Fisher, Chairman			✓
Rep. Red Menahan	✓	X	
Rep. Steve Vick	X		
Sen. Larry Tveit, Vice Chairman	✓		
Sen. Gary Aklestad		X	
Sen. Mignon Waterman	X		

EXHIBIT 1
DATE 1-18-95
Y1

D E P A R T M E N T

O F

C O R R E C T I O N S

&

H U M A N S E R V I C E S

ALCOHOL & DRUG ABUSE DIVISION
ADAD

OPERATIONS

RESIDENTIAL SERVICES

MONTANA CHEMICAL DEPENDENCY TREATMENT CENTER (MCDC)
AT BUTTE

COMMUNITY SERVICES

HISTORY

1969 Alcohol Services Center moved from WSSH to GALEN

1975 HB 699 Administration of A/D Services - D OF I

1977 HB 627 Present Alcohol Tax
Created Earmarked Account for Treatment
Earmarked Funds to Counties - Based on Sales

1979 HB 844 85/15 Distribution to Counties
County Plans Required
Dept Required to Certify CD Counselors

1980 Block Grant Legislation Enacted

 ADMS BLOCK Grant

1985 DUI Court School Standards - State Approved Programs
Only

1989 Mandated treatment for repeat DUI offenders

1991 Transfer of alcohol & drug services at Galen from mental
health to ADAD

1993 MAJOR SUBSTANCE ABUSE BLOCK GRANT LEGISLATION REVISION
MORE SUBSTANCE ABUSE TREATMENT AND PREVENTION FUNDING
MORE MANDATES MORE ADMINISTRATION

1993 GALEN CLOSURE
CHEMICAL DEPENDENCY TREATMENT SERVICES RELOCATE
TO BUTTE

ADAD Administers Chemical Dependency Services Based on the Following Activities (MCA 53-24-204)&(208)

PLANNING

53-24-204(2)b)

Review and approve county plans

Preparation of 4-Year State Plan - Biannual Update

Federal Block Grant Application Report

DISTRIBUTION OF STATE & FEDERAL FUNDS

53-24-204(2)(d)

Distribute alcohol earmarked tax revenue to counties
quarterly *county to state approved programs*

Distribute SAPT block grant to state approved treatment
programs for treatment and prevention

Distribute federal prevention funds to community programs

PROGRAM EVALUATION & APPROVAL

AND

STANDARDS DEVELOPMENTEVALUATION & APPROVAL

53-24-204(2)(a)

Approve Treatment Facilities

53-24-208(2)(c)

Conduct on-site intensive review of 30
programs to ensure compliance to state
standards. *meet standards*

STANDARDS DEVELOPMENT

(53-24-208)

Develop standards for treatment and DUI
programs to ensure quality & quantity of
services

CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

53-24-204(g)

Approximately 550 Currently Certified

PREVENTION / EDUCATION

53-24-204(K)

Assist public agencies and private organization in developing
prevention and education programs for chemical dependency.

major area
inner-agency council

STATISTICS

53-24-204 (2) b) c)

On-Site Evaluations % Quarterly reports

Computerized Reports *state approved programs*

ADIS Data: Admission, Discharge, 6 Month & 1 Year Follow-up
and Prevention information.

TOTAL ADMISSIONS - FY94:

7559 A/D admissions to approved programs

1217 Detox

2415 Inpatient

3767 Outpatient

1216 Intensive outpatient

59 Transitional living (halfway house)

Plus 8,597 Assessments & Evaluations

DUI (ACT) Program

*Dylan State
Approved Program*
4870 DUI Admissions

Chemically Dependent 77%
Completing Court School 72%
Recommended for Treatment

None 50%
Outpatient 44%
Inpatient 7%

Repeat Offenders 26%

*Set standards
for facilities*

CHEMICAL DEPENDENCY TREATMENT SYSTEMS

*Services available
in every city at
least weekly*

30 State Approved Programs in 65 Locations

2 - Detoxification (MCDC Included)
Billings - Billings

2 - Inpatient Hospital
*St. Pats - MIS
Deconas - GUF*

6 - Inpatient Freestanding (MCDC Included)

2 - Intermediate (TLF)

22 - Outpatient * Services Available in all
counties

14 - Provide Intensive Outpatient

24 - DUI Court Schools
*law - any existing
treatment program*

*law duplication
in services*

*No halfway house
for women*

FUNDING FOR CHEMICAL DEPENDENCY SERVICES

State General Fund

- . NONE - Not since Galen

Earmarked alcohol tax

- . Generated
Liquor, Beer, Wine and MCDC Reimbursement Total
projected **Fy 96 \$3,864,260** (Executive) *little growth*
tougher laws
- . Appropriated by the legislature Ex. request
\$3,217,721
- . Projected distribution to counties 85/15 formula
\$800,000 (decline)

Federal Block Grant SAPT Funds

\$3,376,780

* MINIMUM REQUIREMENTS:

35% Alcohol Services

35% Drugs Other Than Alcohol

20% Prevention/Education

10% programs for women *new and expanded services*

5% Max for administration *allocating money to prevention*

Distribution

Treatment State Approved Programs

- . Based on needs identified in county plans
- . Based on 85/15 formula
- . Based on meeting federal criteria & critical pop.

Prevention

- . Approved Programs
- . Prevention Initiatives Including ICC
- . Prevention Coordinator

*Interagency
Coordination
Post*

Administration

- . Planning
- . Block Grant Application and Report
- . Contract Development and Monitoring
- . Special requirements
- . Infectious disease initiatives HIV & TB
- . Tobacco Regulations (*under age*)
- . Women initiatives

→ Vick - Trying to cater stores?

Bruno - Stilling tobacco sales
to people under age

Federal law 61 State Law

*DISCOUNTS
VICK - Fesses (m)
tobacco p
a bill in
Bunge
Criminal
...
...*

EXHIBIT 1
DATE 1-18-95
1

MCDC Butte

FY 94

A. DETOX

10 beds non hospital
LENGTH OF STAY 1-3 days

649 Total - 355 DETOX ONLY ADMITS

66% From 3 Counties:
Lewis & Clark
Missoula
Silver Bow

Readmits 128 70% from same 3 counties

B. Inpatient Treatment Unit

90 LICENSED TREATMENT BEDS

LENGTH OF STAY 24 DAYS

UTILIZATION RATE 71%

CLIENT CHARACTERISTICS

83% primary problem alcohol
60% completing treatment
83% unemployed

MAJOR ACCOMPLISHMENTS SINCE FY 93 SESSION

MCDC Successful Transfer to Butte

- * Elimination of Waiting list
- * Increased Admissions
- * Reduced Length of Stay
- * Increased Intensity of Services

*led
excellent
program*

*110 recreational therapy
110 men
very intensive*

Communities

Implementation of Patient Placement Criteria to ensure quality and appropriateness of services.

Enhancement of services to criminal justice clients - IOP.

*counts refer
to MDC whether
they need it or not?
counts have abused the
program.
Point of entry -
really in community*

PROBLEMS

UNSTABLE Revenue Compounded by Increased Restrictions

Increased Appropriation of Earmarked Tax Revenue for State Services

- . MCDC Funded Almost entirely from earmarked **NO** general fund. (Galen detox funding included General Fund)
- . Increase in DOJ Laboratory funding.

SAPT Block Grant Requirements

- . Restricts distribution of funds.
- . Require more administration time.
- . Require funds to be used on non treatment and prevention activities.

Inappropriate Utilization of MCDC Inpatient

- * Judges
- * Prosecutors

Increased Demand

Correctional populations in the communities

Detoxification Services

- * MCDC inappropriate referrals
- * Regional Program
- * Most counties too far to utilize detox service.

After Care In The Community

For people completing treatment at MCDC.

SOLUTIONS - DEPARTMENT INITIATIVES

Appropriate assessment and patient placement of referrals to MCDC.

Elimination of detoxification only services at MCDC. .

X Elimination of earmarked funding for chemical dependency programs in correctional institutions and DOJ Lab

X Appropriation of earmarked revenue for correctional populations in the communities.

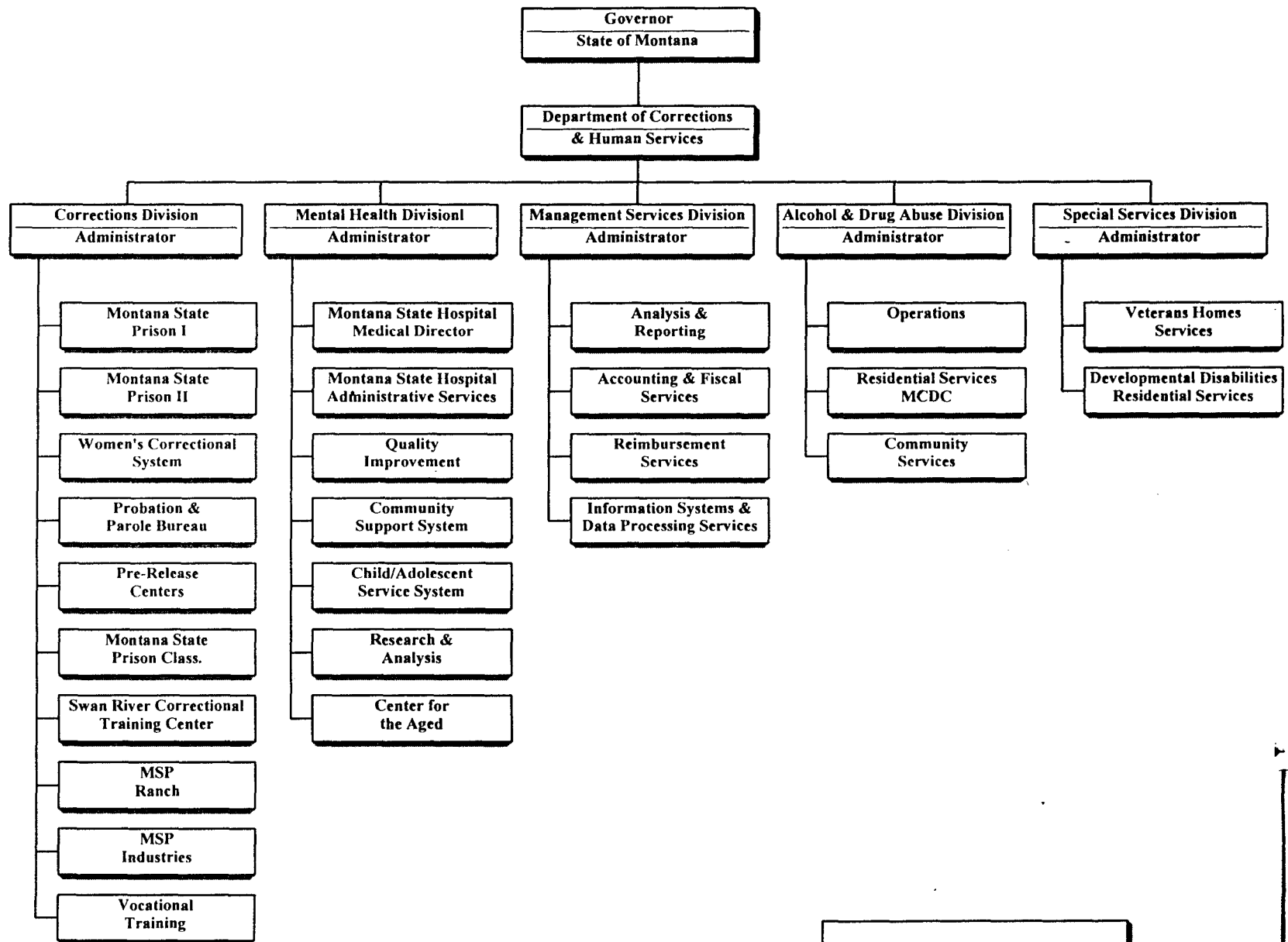
prevent relapse

Aftercare Coordinator at MCDC

#AlexStewart

check tape for discussion

DEPT. OF CORRECTIONS
 0022000000
 1-18-95
 Howard / 1



Functional Chart
 Dept. of Corrections & Human Services
 January 13, 1995

EXHIBIT 1
 DATE 1-18-95

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Institutions of Cultural Education SUB-COMMITTEE
BILL NO. _____ SPONSOR(S) _____

DATE January 18, 91

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Dennis M. Taylor	Justice		
Carol Z Brw	DC HS		
Glenn M Mem	DC HS		

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

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