MINUTES

MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By **CHAIRMAN JIM BURNETT**, on January 25, 1995, at 1:10 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 (R)

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 84
Executive Action: SB 9

{Tape: 1; Side: 1; Comments: tape malfunction, lost 1st 5 minutes.}

HEARING ON SB 84

Opening Statement by Sponsor:

SENATOR CHRIS CHRISTIAENS, SD 23, Great Falls said SB 84 will eliminate only the detox services at MCDC. The distance from most counties to MCDC in Butte is too far to make it practical for those residents, so they really don't make use of the facility. During FY94, three hundred and fifty admissions to MCDC were not for treatment, but for detox only. If SB 84 does not pass, there will have to be increased funding to operate MCDC because the lack of alcohol tax money will result in decreased dollars.

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 84. **EXHIBIT 1.**

Norma Jean Boles, Manager, Standards and Quality Assurance & Medial Coordinator, Alcohol and Drug Abuse Division read her written testimony in support of SB 84. **EXHIBIT 2.**

SENATOR BURNETT had to leave the hearing to attend another hearing. **SENATOR BENEDICT, Vice Chairman, took over chairing the hearing.**

Roland Mena, Director, Montana Chemical Dependency Center read his written testimony in support of SB 84. He said eliminating the revolving door will not prevent anyone from receiving care if they meet the criteria for admission. **EXHIBIT 3.**

Rob Robinson from Gateway Recovery Center in Great Falls, spoke in support of SB 40. Gateway Recovery Center is a community-based out-patient service. In the last 12 to 18 months, the alcohol programs in the state and the Alcohol and Drug Abuse Division have been looking at possible ways to improve the systems and how they are delivered in the state of Montana,including both MCDC and community-based out-patient programs, knowing that there are limited dollars to work with. The days of providing a social service, homeless service, or a non-therapeutic bed-and-breakfast to people in the revolving door must change. This results in increased dollars spent and less effective services delivered. This relates directly with **SB40**, which addressed assessment for proper patient placement for patients to MCDC, and the point of access to get proper assessment, diagnosis and placement are critical. SB40 and SB84 will work together to improve the system. Patients must be assessed and properly placed, with the goal to stabilization and progression. With the present revolving door scenario, it circumvents the system and results in more time and more dollars spent on those individuals who are much less motivated to do anything about their usage.

During the last 16 years he has working in the field, he has worked 3 different times in in-patient care facilities. Typically, 10 years ago, individuals coming in for detox, there would be a 5-7 day stay for detoxification only. This would depend on the season of the year. During the cold weather seasons, the detox facilities were a comfortable setting to avoid the weather or other problems. His most recent experience with an in-patient setting, the overall continuum of care was improved with early assessment, accurate diagnosis, and appropriate placement. The result was the detoxification stays (the actual length of stay) decreased to 12 to 36 hours, where medical stabilization was needed. Often there is confusion, when someone is in need of detoxification, the individual is referred without looking at the medical stabilization and then transferring them into another part of the continuum to begin a therapeutic

process. Basically, only the detox is considered. SB 84 and SB 40 can improve the overall system with shorter lengths of stay in an in-patient facility, then referred for access to the therapeutic process. He anticipates hearing the argument that there will be people dying in the streets because they need detox rather than focusing on medical stabilization. In 1986-87, Indian Health Service in Montana and Wyoming proposed eliminating their social detox centers, which were a continuous revolving door. The cry went up in communities that there were going to be people dying in the streets, but by 1989 is was found that less than 3% of the people accessing the services were actually in need of medical detoxification or medical stabilization.

The state of Montana's system is designed with community-based programs that can be accessed, then if more intensive services are needed, the individual can be placed into the more intensive services as needed, rather than starting at the most intensive, most restrictive, and most expensive level of care, then trying to justify moving them downward. There will be emergency detox situations when individuals can receive this care at hospitals.

Kathy McGowan, representing Chemical Dependency Programs of Montana, an organization comprised of both in-patient and out-patient program in the state, spoke in favor of SB 84.

Opponents' Testimony:

Bob Olson, representing the Montana Hospital Association, does not support SB 84. There are some important issues that need to be addressed with the move to end detox services at MCDC. There are revolving-door alcoholics that impose a problem on the system with no interest in being treated, and there are others who are desperately ill and need in-patient services.

This statute provides a nice framework as to why there is a problem in communities for hospitals dealing with people who are intoxicated. It directs the police, when they come in contact with an incapacitated person, to refer those people to the emergency medical services customarily used for incapacitated persons - that's the emergency room of most local hospitals.

The detoxification services at MCDC tend to be a regional service. When an individual is put into the hospital in Billings, Miles City, Glendive, or Kalispell, it isn't reasonable for them take the expense of an ambulance and an attendant, and take them to Butte for medical detoxification. It's probably more cost effective to provide the care in the community and eat the costs, but those costs are not absorbed. There is no free lunch. He said that this can be considered as an unfunded mandate. As the state removes its services and leaves them to the community, and saying that someone else is going to have to figure out the problem of the revolving-door alcoholics. If it's difficult for a sheriff's deputy to deal with a belligerent intoxicated person, and it's not appropriate for MCDC in Butte to handle these people, then why is it appropriate for a local emergency room, which is typically staffed with a nurse and LPN, appropriate for these

people to deal with the problem. Apparently, it has been decided to make the hospital emergency room the drunk tank and that probably the most expensive place that could have been chosen in the community.

Bob Olson, also said that he thinks that this bill needs to deal with those issues and find a way for the public to supply the funding for these services.

Questions From Committee Members and Responses:

SENATOR KLAMPE asked how are these revolving-door alcoholics going to be dealt with, if they do need medical intervention.

SENATOR CHRISTIAENS replied that these particular people are not just living in the four counties that are the primarily users of MCDC - they live all over the state. The police are taking these people to the present community-based programs and local emergency rooms, they are being cared for on a local basis. This is alleviating or spreading out those limited resources instead of serving the state as a whole.

SENATOR ECK asked whether there are any communities in the state that have local facilities, other than the hospital emergency room, to handle detox.

Darryl Bruno replied that MCDC is not a hospital but is a medically monitored unit, and usually people who require hospital care cannot be cared for at MCDC. There is a free-standing program in the state, funded by county money, the Rimrock Foundation in Billings. MCDC in Butte is too far a distance from most parts of the state for people to access the services at MCDC - that is the major problem. That's why it's a regional program. The communities which are very close access the services at MCDC.

SENATOR ECK asked how many hospitals have detox facilities.

Darryl Bruno replied that he thinks most hospitals have the capabilities to provide medical detox services.

SENATOR ECK asked if other states have more appropriate ways to deal with detox.

Darryl Bruno replied that there some states that have regional detox programs. MCDC is a regional program run by a large proportion of the state earmarked dollars. Detox should probably be provided on a regional basis. There is a short base of earmarked alcohol tax money that has to provide out-patient and in-patient services in communities. It's necessary to provide that kind of treatment to prevent the revolving-door detox clients. The funding is not available to take care of all of the problems in the state.

SENATOR ECK asked about cost comparison of detox services between MCDC, Rimrock Foundation, and the hospital emergency room.

Darryl Bruno replied that the cost of detox at MCDC is based on the allocation - the cost is about $354.00 per day at MCDC. He said that he doesn't know what the cost is at hospitals. The problem is that there is a shortage of funding, and relating that to the earmarked funding that goes for detox, has to go for all the services provided in the state.

SENATOR SPRAGUE asked Bob Olson how he would fix the system.

Bob Olson said that he doesn't have an answer to the problem. They like the idea of strengthening the community-based services because more people are probably helped by becoming sober over a long period of time than hospitals can help by detoxifying people. Because there is a federal law that once an individual enters the emergency room, the hospital can't escape the responsibility of treatment. He feels that this bill lets the state escape its responsibility by requiring a comprehensive program that includes in-patient treatment and emergency services offered by hospitals. It just doesn't pay for those services.

SENATOR SPRAGUE asked how many of these people are carried under the federal program, such as the Indian population, in the emergency room.

Bob Olson replied that he doesn't have specific information of the distribution of individuals that are within that situation, but it's know that alcohol-related problems are probably greater in the Indian population. He then said that the problem should not be considered an Indian problem. When someone has coverage from Indian health services or Medicaid, their medical detox is paid for in emergency room services.

SENATOR BAER asked that when people are turned away from detox at MCDC, and go to the hospital emergency room for treatment, how is the expense of treating these people passed on.

Bob Olson replied there are higher charges for people who pay for their hospital care to provide for state-sponsored clients. Anyone who doesn't pay their bill, or doesn't pay for all their expenses, someone else will have to pick up the tab.

SENATOR BENEDICT asked if Bob Olson would agree that the counties have some responsibility too. The possibility exists that many of the jail cells which used to be holding tanks or drunk tanks are now being used for other prisoners, and that they're trying to find a way to dump those detox people on someone else.

Bob Olson agreed with **SENATOR BENEDICT'S** statement.

SENATOR BENEDICT asked how Bob Olson, that with the mission of MCDC, why the state is more culpable than the counties.

Bob Olson replied that the counties budgets must pay for services of those who are incarcerated, prisoners who are arrested on

minor offenses that are deflected for either being intoxicated, suicidal or mentally ill. They are all sent to the emergency room. The counties don't have any more money than local law enforcement budgets for this purpose. By failing to charge people, it's the same as not charging them until discharge from the hospital and they escape financial responsibility. He thinks the state is shirking its responsibility because there is earmarked tax for these services. Because of the lowered usage of alcohol, tax revenues are falling, but there are still people who overuse the services.

Closing by Sponsor:

SENATOR CHRISTIAENS said that with shrinking dollars, less services will be provided. There is clear choice with this particular bill - we can add $122,000 for each year of the next biennium to provide detox services, that basically cover a 3-county area, or funding can be increased by $100,000 for all of the community-based programs in the state. We need to be using the least expensive services first, rather than the most expensive services first, as people are stabilized. There are limited dollars, and probably two years from now there will be even fewer dollars from alcohol taxes for these kinds of services. Yet, the real problem is that there are many people who, at some point, are out of control and need detox, as well as stabilization. Until these things are done, nothing can be done effective in treatment. The MCDC is there for treatment, coupled with a good after-care program in the communities. The choice is to, somehow, raise revenues to do both, or both are going to suffer. He urged passage of SB 84.

Hearing closed on SB 84.

EXECUTIVE ACTION ON SB 9

SENATOR BENEDICT said that because the parties have not been able to come together, the Department of Commerce and those who drafted the legislation, have asked that the bill be tabled.

Motion/Vote: **SENATOR ESTRADA MOVED SB 9 BE TABLED. The TABLE motion for SB 9 CARRIED with Senator Franklin voting NO.**

ADJOURNMENT

Adjournment: 2:00 PM

JIM BURNETT, Chairman

KAROLYN SIMPSON, Secretary

JB/ks

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL DATE 1/25/95

NAME	PRESENT	ABSENT	EXCUSED
LARRY BAER	X		
SHARON ESTRADA	X		
ARNIE MOHL		X	
MIKE SPRAUGE	X		
DOROTHY ECK	X		
EVE FRANKLIN	X		
TERRY KLAMPE	X		
STEVE BENEDICT, VICE CHAIRMAN	X		
JIM BURNETT, CHAIRMAN	X		

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CS-09

... WELFARE
EXH... 1
DATE 1/25/95
BILL NO. SB 84

Testimony SB 84

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

SB 84, will dramatically change the scope of operations at the Montana Chemical Dependency Center (MCDC) in Butte.
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 47 FTE. MCDC is administered by the DCHS Alcohol and Drug Abuse Division. MCDC's budget represents over 60% of the total earmarked (state) funding for chemical dependency treatment and prevention services. Therefore appropriate and necessary utilization of this program by the state is of prime concern.

What is this bill all about?

It is about decreasing state expenditures by eliminating a regional program that does not serve the state very well.

SB 84 will abolish detoxification services for the revolving door alcoholic who are primarily from 3 counties Missoula, Lewis & Clark, and Silver Bow, individuals who return to MCDC time and again to sober up and then return to drinking and drug use, some of which have severe psychiatric & medical problems. Passage of this bill will allow MCDC staff to focus in on the mission of the program "providing responsive and innovative inpatient chemical dependency treatment services to the people of Montana. This bill **will not** eliminate services for individuals needing detoxification who have requested and need inpatient treatment services.

In April of 1994 tasks forces were assembled to work on critical issues regarding funding in the chemical dependency arena. The *Detoxification Services* task force was assigned the following objective: To assess detoxification services state wide and make recommendations. This committee, chaired by a member of the Montana Advisory Council on Chemical Dependency and included directors from community programs, physicians from a Great Falls hospital and MCDC and ADAD staff .

The detox committee came up with conclusions and recommendations which led to SB 84 and a personal services **reduction** in the **executive budget**.

The executive budget proposal includes a Personal Services Reduction for detoxification services. We believe that this reduction is conservative and greater savings will be realized. It is imperative that **state expenditures** from the only state source for chemical dependency services be **reduced.**

Appropriations for state programs are utilizing more of the earmarked revenue. Less is available to distribute to community out patient programs, the **back bone** of our chemical dependency system. In **Fy 84** state appropriations consumed about **50%** of the total earmarked alcohol revenue, in **Fy 94** state expenditures were **75%** of the total. Projected distribution to counties for approved programs in the executive budget has dropped from $1,330,000 in Fy 92 to $800,000 in fy 96. Community programs need a solid base of earmarked revenue to survive. Every piece of legislation requested by the DCHS/ADAD this session intents to reverse the trend and put earmarked back into community outpatient programs.

MCDC cannot be all things to all communities. Yes, providing detox services is a major problem for all communities in Montana. ADAD needs to work with other groups in solving the problem, however providing a regional program will not solve a state problem. Programs at MCDC must serve the state.

Passage of this bill **will not** prevent any one from receiving detox services at MCDC when inpatient treatment 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 inpatient services.

I encourage your support for passage of SB 84.

Respectfully Submitted by Darryl L. Bruno

Darryl L. Bruno

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1/25/95
BILL NO SB84

DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES

MARC RACICOT, GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 444-3930
FAX: (406) 444-4920

PO BOX 201301
HELENA, MONTANA 59620-1301

TESTIMONY FOR SB 84

SB 84 is a proactive solution to escalating costs and problems associated with the provision of detox only services. The Montana Chemical Dependency Center (MCDC) was established to provide detoxification, evaluation, treatment, referral, and rehabilitation to persons in Montana who are referred for the treatment of alcoholism or other chemical dependency.

The overall mission of MCDC is to provide appropriate, intensive and quality inpatient services to all residents of Montana. MCDC has accomplished this mission very well. There have been 1,013 individuals served in inpatient treatment and 294 persons received both detoxification and inpatient treatment for a total of 1307 in FY94. 355 persons were detox only admissions that chose to leave and not avail themselves to further treatment services.

While MCDC strongly believes we must provide detox services to individuals scheduled for inpatient treatment, MCDC must realistically analyze the issues associated with the provision of detox only services and recommend the elimination of detox only services for the following reasons:

. The provision of detox only services is REGIONAL ,not serving the entire State i.e. 294 of the detox only admissions came from three contiguous counties for 66%.

. The detox only admissions tend to be inappropriate and very expensive. Ten were medically inappropriate i.e., qualifying for acute care status in a general hospital with serious medical conditions e.g., pneumonia, liver failure, and cardiac problems. Three detox only admissions were in need of psychiatric care and four in need of nursing home care. All had to be transferred by ambulance. In an attempt to ameliorate medical costs MCDC required medical screening at the local level before transfer. Unfortunately, at the local level the hospital started charging $640, which again is just another expense.

. Detox only admissions also tend to be revolving door i.e., 128 of the 355 were repeat admissions to detox. Some individuals were admitted as many as four times.

. MCDC budget does not provide for the ancillary medical costs incurred by the individual utilizing detox only services (transportation, emergency room services , acute care hospital costs and etc.)Historically, the consumer of medical services tends to be the multiple admission patient (revolving door) who leave against medical advice and do not respond to motivational counseling, refusing referrals to inpatient treatment or referrals to services in the community.

In April of 1994,the Detoxification Services Task Force was established as part of this strategic planning effort. The task force made the following recommendations based on the results of a statewide survey of State Approved Chemical Dependency treatment programs:

. The majority of programs (16of19) surveyed recommended downsizing MCDC detox. Downsizing as defined as eliminating detox only admissions, as a service, and limiting detox services to individuals scheduled for inpatient treatment.

. The majority of programs surveyed (12 of 19) also recommended NOT spending more on detox services and less on treatment.

. The committee recommended that regional detoxing be explored in depth. The committee recognizes the funding constraints.

Based on the results of the survey and analysis, the committee recommended legislation to eliminate detox only services.

There is consensus between the Department, MCDC staff, Montana Advisory council on Chemical Dependency and community based chemical dependency treatment programs statewide that elimination of detox only services is the prudent way of capitalizing our limited treatment resources and hope for passage of this bill.

Respectfully submitted,

Norma Jean Boles

Norma Jean Boles, Manager
Standards and Quality Assurance
& Medical Coordinator
Alcohol and Drug Abuse Division

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 1/25/95
BILL NO. SB 84

Testimony SB 84

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

SB 84 provides the Montana Chemical Dependency Center (MCDC) with the opportunity to carry out the mission "to provide primary residential treatment services to those patients meeting level three placement, which may or may not include detoxification" in the most resource focused and cost effective manner by the elimination of detox only services.

A utilization review of the state detoxification service both on the Galen campus and in Butte has demonstrated that the service operates as a regional program for the adjacent counties versus a state service. Further, the present admission policies that reflect MCA has led to inappropriate placements of individuals that are beyond the scope of psychiatric and medical services provided. In addition, the program has been used inappropriately as a mission, a shelter, free housing and meals for transients, an acute care hospital, and a detention and correctional center.

The MCDC budget and program mission does not provide for the continued ancillary medical and associated costs incurred by the detox only patient with little to no effective outcomes. Routinely, patients are referred to MCDC detox with primary medical conditions and related complications.

This has led to 55 transfers to the St. James emergency room in FY 94, with 17 resulting in hospitalization. An example of additional costs incurred to provide services to the inappropriate detox only patients are, ambulance transportation @ $400.00, emergency room cost @ $800.00 to $1000.00, plus additional x-ray, laboratory and pharmacy costs and also, additional staff to provide one on one care to medically unstable patients. In an effort to reclaim medical cost St. James has begun to billed MCDC for medical screening of detox only patients prior to admission at $600.00/patient.

The above descriptions do not include all cost incurred. Cost saving would be substantial with the elimination of these medical costs and a reduction in personal services.

The passage of SB 84 provides MCDC with the authority to appropriately manage admissions to the treatment program while maintaining a safe chemically free environment. The detox only patient is often uncooperative, unpredictable and aggressive. MCDC does not have the facility, resources nor staff to detain, restrain or seclude these patients. The detox only service has also attracted an increased number of transients from out of state as an easy mark. The potential for staff assault and injury is of concern. Local law enforcement has been called on numerous occasions to intervene with combative and threatening patients.

MCDC's mission and philosophy promotes access to public services as a benefit instead of an entitlement. Treating the patient in a manner which expects accountability places value on the service, while discouraging dependency and abuse of the system. The detox only service is inconsistent with, and undermines the programs mission. The system enables repeat admissions to patients not responsive to motivational counseling for continued care.

SB 84 will not prevent anyone from accessing services at MCDC who meet placement criteria for this level of care. SB 84 however, ensures the most cost effective use of limited resources with the best possible outcomes.

Respectfully Submitted

Roland M. Mena, Director
Montana Chemical Dependency Center

DATE 1-25-95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 84

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Check One

Name	Representing	Bill No.	Support	Oppose
Norma Jean Boles	DCHS-ADM	84	X	
Roland M. Mena	DCHS-ADAD	84	X	
Carmen Bryan	DCHI/ADAD	84	X	
Rod Robinson	Gateway	84	X	
Kathy McGowan	CDPM	84	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY