

HOUSE BILL 225

Introduced by Benedict

1/18	Introduced
1/18	Referred to Human Services & Aging
1/18	First Reading
1/18	Fiscal Note Requested
1/22	Fiscal Note Received
1/22	Fiscal Note Printed
1/25	Hearing
1/28	Committee Report--Bill Passed as Amended
1/30	2nd Reading Passed
2/03	3rd Reading passed
	Transmitted to Senate
2/04	First Reading
2/04	Referred to Public Health, Welfare & Safety
3/26	Hearing
3/29	Committee Report--Bill Concurred
3/31	2nd Reading Concurred
4/01	3rd Reading Concurred
4/01	Reconsidered Previous Action and Placed on 3rd Reading
4/02	3rd Reading Failed



determine who ~~shall~~ is admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator, subject to departmental rules, shall refer the person to another approved public treatment facility for treatment if possible and appropriate.

(3) If a patient receiving inpatient care leaves an approved public treatment facility, ~~he~~ the patient ~~must~~ be encouraged to consent to appropriate outpatient or intermediate treatment. ~~if it appears to the administrator of the treatment facility that the patient is an alcoholic who requires help, the department shall arrange for assistance in obtaining supportive services and residential facilities.~~

(4) If a patient leaves an approved public treatment facility, with or against the advice of the administrator of the facility, the department shall make reasonable provisions for ~~his~~ the patient's transportation to another facility or to ~~his~~ the patient's home. If ~~he has no~~ the patient does not have a home, ~~he~~ the patient ~~must~~ be assisted in obtaining shelter. If ~~he~~ the patient is a minor or an incompetent person, the request for discharge from an inpatient facility ~~shall~~ must be made by a parent, legal guardian, or other legal representative or by the minor or incompetent person if ~~he~~ the minor or incompetent person was the original applicant."

**Section 2.** Section 53-24-207, MCA, is amended to read:

"53-24-207. **Comprehensive program for treatment.** (1)

The department shall establish a comprehensive and coordinated program for the treatment of chemically dependent persons, intoxicated persons, and family members.

(2) The program shall include:

(a) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;

(b) inpatient treatment;

(c) intermediate treatment;

(d) outpatient treatment; and

(e) follow-up services.

(3) The department shall provide for adequate and appropriate treatment for ~~alcoholics~~ the chemically dependent and intoxicated persons admitted under 53-24-301 through 53-24-304.

(4) All appropriate public and private resources ~~shall~~ must be coordinated with and utilized in the program if possible.

(5) The department shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities."

-End-

STATE OF MONTANA - FISCAL NOTE

Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for HB0225, as introduced.

**DESCRIPTION OF PROPOSED LEGISLATION:** This bill would require all applicants for voluntary admissions for inpatient chemical dependency treatment to Montana State Hospital at Galen to receive confirmation that the individual is chemically dependent with confirmation from a community program that treatment services are not appropriate or not adequate in the community and clarify the responsibilities of the Galen inpatient program for discharged clients.

**ASSUMPTIONS:**

1. Approximately 120 individuals who are referred to Galen for chemical dependency treatment each year are not appropriate for the inpatient programs available. Only fifty percent or 60 of these referred individuals arrive at Galen for services.
2. The individuals referred to Galen by agencies other than chemical dependency programs have not been completely assessed to determine if:
  - a. They are chemically dependent.
  - b. Outpatient or intensive outpatient services in the community are available or appropriate.
  - c. Galen can provide the level of care needed.
3. The individuals receive services in the detoxification and orientation unit at Galen an average of 3.5 days prior to discharge. Ancillary costs other than per diem rate in the acute care hospital and the orientation unit in the chemical dependency center include physical exams/lab tests, telephone costs by Galen personnel, and often a bus ticket back to the community. Therefore, state expenditures are used on inappropriate admissions to Galen.
4. The individuals would be replaced by clients who are appropriate for the treatment programs at Galen. Therefore, state expenditures would not be wasted on individuals who are inappropriate for the program and there would not be an increase or decrease in costs at Galen.
5. All 120 individuals would receive assessment by a state approved chemical dependency program prior to scheduling at Galen.
6. Costs would be paid from some of the additional federal chemical dependency block grant funds targeted for community programs contained in the Executive Budget.

**FISCAL IMPACT:** No fiscal impact.

*David Lewis* 1-22-93  
DAVID LEWIS, BUDGET DIRECTOR      DATE  
Office of Budget and Program Planning

*Steve Benedict* 1/22/93  
STEVE BENEDICT, PRIMARY SPONSOR      DATE

Fiscal Note for HB0225, as introduced

**HB 225**

APPROVED BY COMM. ON  
HUMAN SERVICES AND AGING

## HOUSE BILL NO. 225

## INTRODUCED BY BENEDICT

BY REQUEST OF THE DEPARTMENT  
OF CORRECTIONS AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING ALL APPLICANTS FOR VOLUNTARY ADMISSIONS FOR INPATIENT CHEMICAL DEPENDENCY TREATMENT TO MONTANA STATE HOSPITAL AT GALEN TO RECEIVE CONFIRMATION THAT THE INDIVIDUAL IS CHEMICALLY DEPENDENT; REQUIRING CONFIRMATION FROM A COMMUNITY PROGRAM THAT TREATMENT SERVICES ARE NOT APPROPRIATE OR NOT ADEQUATE IN THE COMMUNITY; CLARIFYING THE RESPONSIBILITIES OF THE GALEN INPATIENT PROGRAM FOR DISCHARGED CLIENTS; AND AMENDING SECTIONS 53-24-207 AND 53-24-301, MCA."

## STATEMENT OF INTENT

A statement of intent is required for this bill because the bill gives the department of corrections and human services authority to adopt administrative rules. [Section 1] outlines a screening process to be followed by a person seeking voluntary commitment to Montana state hospital at Galen for chemical dependency treatment. It is the intent of the legislature that the department adopt rules establishing policies and procedures regarding the assessment, patient placement, confirmation, and admission of a chemically

dependent person to Montana state hospital at Galen.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1.** Section 53-24-301, MCA, is amended to read:

"53-24-301. Voluntary treatment of alcoholics the chemically dependent. (1) An alcoholic may apply directly to an approved public treatment facility for voluntary treatment. An applicant for voluntary admission to an approved public treatment facility, as defined in 53-24-103(3)(a), shall first obtain confirmation from a certified chemical dependency counselor that the applicant is chemically dependent. The certified chemical dependency counselor shall obtain confirmation from an approved private treatment facility or from an approved public treatment facility, AS DEFINED IN 53-24-103(3)(B), that the facilities in the region in which the applicant resides are unable to provide appropriate and adequate treatment. The department shall adopt rules to establish policies and procedures governing assessment, patient placement, confirmation, and admission to Montana state hospital at Galen. If the proposed patient is a minor or an incompetent person, he the proposed patient, a parent, legal guardian, or other legal representative may make the application.

(2) Subject to rules adopted by the department, the administrator of an approved public treatment facility may

determine who shall be is admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator, subject to departmental rules, shall refer the person to another approved public treatment facility for treatment if possible and appropriate.

(3) If a patient receiving inpatient care leaves an approved public treatment facility, he shall the patient must be encouraged to consent to appropriate outpatient or intermediate treatment. ~~if it appears to the administrator of the treatment facility that the patient is an alcoholic who requires help the department shall arrange for assistance in obtaining supportive services and residential facilities~~

(4) If a patient leaves an approved public treatment facility, with or against the advice of the administrator of the facility, the department shall make reasonable provisions for his the patient's transportation to another facility or to his the patient's home. If ~~he has no~~ the patient does not have a home, he shall the patient must be assisted in obtaining shelter. If he the patient is a minor or an incompetent person, the request for discharge from an inpatient facility shall must be made by a parent, legal guardian, or other legal representative or by the minor or incompetent person if he the minor or incompetent person was the original applicant."

**Section 2.** Section 53-24-207, MCA, is amended to read:

"53-24-207. **Comprehensive program for treatment.** (1) The department shall establish a comprehensive and coordinated program for the treatment of chemically dependent persons, intoxicated persons, and family members.

(2) The program shall include:

(a) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;

(b) inpatient treatment;

(c) intermediate treatment;

(d) outpatient treatment; and

(e) follow-up services.

(3) The department shall provide for adequate and appropriate treatment for alcoholics the chemically dependent and intoxicated persons admitted under 53-24-301 through 53-24-304.

(4) All appropriate public and private resources shall must be coordinated with and utilized in the program if possible.

(5) The department shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities."

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