

## MINUTES

### MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - 1st SPECIAL SESSION

#### SUBCOMMITTEE ON INSTITUTIONS & CULTURAL EDUCATION

Call to Order: By WM. "RED" MENAHAN, on January 4, 1992, at 8:00 A.M.

#### ROLL CALL

**Members Present:**

Rep. Wm. "Red" Menahan, Chairman (D)  
Sen. Eleanor Vaughn, Vice Chairman (D)  
Sen. Gary Aklestad (R)  
Sen. Tom Beck (R)  
Rep. Dorothy Cody (D)  
Sen. Eve Franklin (D)  
Rep. Chuck Swysgood (R)

**Members Excused:** SEN. TOM BECK

**Members Absent:** NONE

**Staff Present:** Sandra Whitney, Senior Fiscal Analyst (LFA)  
Mary LaFond, Budget Analyst (OBPP)  
Mary Lou Schmitz, Secretary

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

**Announcements/Discussion:** NONE

#### HEARING - CHEMICAL DEPENDENCY

Curt Chisholm, Director, Department of Institutions, referred to Exhibit 1, 1-3-92, Program 30, Galen Downsize issue, and Program 40, Workers Comp and explained revenue reductions.

**SEN. AKLESTAD** asked if the final payment from the Court ordered psychiatric evaluation comes out of the state court reimbursement fund? **Mr. Chisholm** said there is a court fund established to reimburse counties for criminal court procedures, including psychiatric evaluations. It is partially funded from a percent of the vehicle tax which is administered by the Supreme Court.

**SEN. AKLESTAD** asked how much revenue is projected to go into that account? **Mr. Chisholm** said a little over \$2 million dollars.

**SEN. AKLESTAD** said according to past history what would be the financial impact to this fund if all the counties had been charged and that charge had been brought back. **Mr. Chisholm** said the number of psychiatric examinations conducted by the State Hospital and the amount of money they would have to charge would

be roughly \$500,000 a year out of that \$2 million. That's based on the existing level of services provided.

**Gordon Morris, Executive Director, Montana Association of Counties** presented testimony from Exhibit 1, 1-4-92.

HEARING - MENTAL HEALTH

**Mr. Chisholm** referred to the boiler-plate in HB 2 and the Commission established in HB 966 to study Galen and Warm Springs campuses and to report back to the 1993 Session their findings and recommendations for the future of those two campuses. The Department is faced with the responsibility of trying to make expenditure reductions in some very sensitive human services correctional program areas. With that in mind, they made a recommendation to reduce those services in order to surface these kinds of expenditure reductions. Part of the expenditure reduction is transfer of the hospital to the Warm Springs campus and reducing or downgrading its license to that of an Infirmary in order to take care of those patients from either campus that are ill that don't need acute care hospitalization.

**Darryl Bruno, Chemical Dependency Division, Administrator,** addressed the study of Galen and presented testimony from Exhibit 2.

**SEN. FRANKLIN** asked which portions of it are clinical decisions that could be made without legislative approval as far as restructuring the program? **Mr. Bruno** said a lot of the decisions regarding clinical treatment can be made right there. He did not know the legal ramifications of HB 2 regarding any significant changes in restructuring the program. Moving the Lighthouse Drug Program and the Alcohol Service Center into one facility would be a beneficial change. In their proposal they are adding 3 counselor Technical positions which they believe are vitally needed.

**SEN. FRANKLIN** said an observation she would like to make is she senses there are a fair number of clinical decisions that could be made now and could they have been made two or even five years ago based on treatment approaches. **Mr. Bruno** said that could be true but this program just came under the Alcohol and Drug Abuse Division. Now that he is Division Administrator, he will try to improve this program.

**Mike Ruppert, President, Chemical Dependency Programs in Montana,** testified in support of the plan. He feels the quality of service at Galen will be vastly improved. It brings it up to speed with what is happening in the private sector as far as inpatient treatment goes which is variable length of stay.

**Dan Anderson, Mental Health Division Administrator,** gave an overview of the Department's plan for reduction of the Galen campus and also referred to Exhibit 2. The Department's proposal

for the Nursing Home unit is to reduce its size to 35 beds and to locate those beds to the first floor of the Galen facility, to establish a process for careful, well-planned transfer of patients to community nursing homes, to the Center for the Aged and, in some cases, some of those patients may be appropriately served at Warm Springs. They would anticipate creating a Committee consisting of Montana State Hospital staff to very carefully assess the patient's needs, assess the patient's options on where the patient and family may choose. They would include Patients' Advocates on that Committee.

The Acute Care Hospital is licensed for 33 beds and is used for detoxification of chemical dependency patients and for medical treatment at Galen and Warm Springs for patients who need more intensive medical care. This unit has been chronically under utilized. It is licensed for 33 beds but over a number of years has had in the range of about 10 to 15 patients on an average daily population (ADP) basis. When independent individual utilization review is done of those patients they find from 1 to 3 ADP are actually people who meet the standard requirement of acute medical care.

The Department's proposal for the Acute Care Unit is to close that unit and discontinue providing acute hospital care at the Galen campus and establish an infirmary of at least 10 beds and up to 27 beds on the Warm Springs campus.

The reorganized Chemical Dependency program at Galen would provide the non-hospital detoxification services needed by those patients. In those relatively rare occurrences when a patient either needs genuine hospital based acute detoxification or acute medical treatment, they would use local hospitals for that service as they already do to a very great degree.

Making these changes to the Nursing Home and to the Acute Care Unit they are anticipating a total reduction of staff by 50.5 FTE overall and a budget savings of \$200,000 during the current fiscal year and \$800,000 FY 1993.

**Marty Onishuk, representing Mon AMI, Montana Alliance for the Mentally Ill** said they feel services for their family members and consumer members of their group would be better served at the community level wherever possible and support this concept of making changes so eventually they will have more and better services available in the community.

**Paul Meyer, Executive Director of Western Montana Community Mental Health Center in Missoula and an officer of the State Council of Mental Health Centers,** spoke in support of the conceptual plan that is in front of the Committee.

**Linda Hatch, Executive Director of Region 2, Mental Health Center in Great Falls** spoke in support of the Plan.

**Carol Walt, Director of Services, Case Management, Region 5 Mental Health Center** spoke in support of the Plan.

**Joy McGrath, Executive Director, Mental Health Association of Montana,** spoke in support of the Department's intention and goals to support the Ihler decision. See Exhibit 3.

**REP. SWYSGOOD** said he understands the situation the Department is in but his concern is that the last Legislative Session the Committee heard the proposal for closure of Galen and the Legislature set up a Committee to review this and make recommendations to the next Legislative Session. He realizes there is the Ihler decision but does not know how it plays a part in the overall restructure. Another concern is they do not know what community based facilities are going to take these patients or what the costs will be associated with these transfers. Money has to follow these people.

**Mr. Chisholm** said the 966 Study Commission is studying the future of the Warm Springs-Galen campuses. In view of the revenue shortfalls he feels the Department has to make these recommendations because they cannot afford to make a like amount of dollar cut in the General Fund for any other place in the Department.

**REP. SWYSGOOD** said there are other issues involved besides the financial condition they find themselves in and that is that those people don't fall through the cracks.

**REP. CODY** reviewed the report sent her by the Department and having submitted it to the Judge, has the Judge accepted it? **Mr. Anderson** said they have not been notified by the Judge. He said there were 13 deficiencies the Judge found and some were ordered to be corrected immediately, which they did.

**REP. CODY** said a concern of hers is that the community based services are not available in the rural areas.

**Jane Edwards, Superintendent, Warm Springs Hospital** said she had many concerns about the proposal but does not have them now. She believes there has been careful planning and a lot of thought put into this plan.

**Keith Colbo, Galen-Warm Springs Task Force** presented testimony from Exhibit 4.

**SEN. FRANKLIN** said she feels consumers and providers have been betrayed, in many ways. She also feels they have been led to believe that the Legislators are being asked to change services and make a policy decision that this committee is not equipped to make at this time.

**SEN. FRANKLIN** asked **Dr. Virginia Hill, Montana State Hospital,** if she feels discharge planning processes could be improved? **Dr.**

Hill said discharge planning can always be improved. Funding and services have to be available. She cautioned that getting 80 patients out and into community based homes by October, 1992 is unrealistic.

Dr. Gary Lord, Galen, reiterated that he feels another word for downsizing is long-term closure of Galen because you simply do not reopen those old buildings once they're closed.

Mr. Chisholm explained the Ihler lawsuit which was filed against the Department in 1988 on behalf of 12 patients at the State Hospital and what the state does at the State Hospital for the mentally ill. This resulted in findings by the Court in the fall of 1991. They lost on some issues but prevailed on many. The fact they lost on some, though, means the plaintiffs won. The Ihler plan addresses the need to increase the professional staff to patient ratios within existing resources. The money they save from the Ihler compliance plan in terms of reducing the populations is intended and will go to the communities as the type of funding they need now to sustain that level of care in the communities. What they put there will have to be permanently affixed.

John Lynn, Director, Community Support Programs for the Western Montana Region Community Health Center spoke in support of the Ihler lawsuit decision.

Patrick Pope, Director, Meriweather Lewis Institute, Helena spoke in support of the Department's plans for the budget cuts at Galen and the re-allocation of funds at the State Hospital.

George Teter, Psychiatrist, St. Peter's Community Hospital, Helena spoke in support of the overall plan to comply with Ihler as the Department has presented.

Kathy Standard, President, Meriweather Lewis Institute, Kalispell spoke in support of the Department's plan.

Shane Norby, Meriweather Lewis Institute, Kalispell spoke as a mental health consumer looking for appropriate changes in the state's mental health system.

Jane Edwards, Superintendent, Montana State Hospital said she fully supports the compliance plan and has spent months searching for options in complying with the Ihler decision and in her opinion this is the only option they have.

Kelly Moore, Director, Mental Disability Board of Visitors spoke to the issues and said they have come a long way to achieve this beginning point for stronger mental health services and supported the Department's plan.

Kathy McGowan, representing the Montana Council of Mental Health Centers spoke in support of the program proposed by the

Department.

REP. CODY asked for something concrete as to how many patients and how much money will be put in community base and how will the money follow? Mr. Chisholm said once the plans have been put together and the patients identified, the money will have to go with it.

SEN. FRANKLIN spoke to the issue of involvement and feels the study committee was set up to do that and this plan was very superficially presented to the Committee the last week in November with a lot less detail than they are hearing now. It has a lot of possibilities, an interesting idea and the intent is honorable but there are a lot of questions the Legislators have to ask. The Legislative Committee was designed to do this.

Mr. Anderson, presented the funding program, Exhibit 4.

REP. CODY asked why the community based services can get Federal money yet the state can't. Mr. Anderson said yes, the community based services can get Federal Aid but the state can't. When the Medicaid program was set up there was an exception for Institutions for mental disease and that was it would not generate Medicaid reimbursement except for people over 65 or under 21.

#### EXECUTIVE ACTION

Tape 4, Side A, 001

#### DISCUSSION

Ms. Whitney explained Exhibit 3, 1-3-92, starting with:

- 1) #10, Galen Program changes, the budget savings proposal that would shift some functions at Galen away from Galen.
- 2) #11, Montana State Hospital Canteen has not been addressed. They want additional authority to be able to handle a larger inventory and some of the goods are more expensive.
- 3) #12, there is an inflation adjustment in Chemical Dependency they have asked for as a Supplemental. This money does not effect General Fund. It is entirely earmarked Alcohol Tax. During the last Session the Committee approved an inflation increase for the Chemical Dependency portion of the operations of the State Hospital. This inflation increase is in addition to what was approved at that time.
- 4) #17, there is Institutional Reimbursements which is the additional money the Department feels can be collected.
- 5) #18, there is a Fiscal 1990 Cost Settlement that is in excess of what the Committee anticipated during the last Session.

**SEN. AKLESTAD** asked **Ms. Whitney** to explain #18, the Cost Settlement. She said the Institutions, because of definition of types of service or allocation of costs of service, did not charge the Federal Government all they could have charged. They have gone back retroactively and have collected some funds and this amount of \$1,050,012 is the extra amount they collected, beyond what the Committee expected last time.

**REP. CODY** said she thought the Alcohol Tax Revenue had been pretty well depleted, #12. **Ms. Whitney** said the Alcohol Tax Revenue was estimated by the LFA office to increase slightly during this Biennium. The Committee left a balance in that account that was expected to be used to maintain a current level statutory appropriation to the Counties. This particular amount of money would reduce that balance which would reduce potential statutory appropriation to the counties. The Department said last Session they need approximately \$300,000 in that account for cash flow purposes. This appropriation would reduce that balance by \$24,000 each year. **REP. CODY** asked what the balance is now. **Mr. Bruno** said the balance going into the account this year was about \$800,000. Due to over-funding the account and distribution to the counties they expect a balance to remain in the account of approximately \$280,000 at the end of the Biennium. Prior to 1983 General Fund money was borrowed in order to operate each year because of lack of collections. Over the past few years that account had built up and should be distributed. They are distributing the balance over the Biennium, including the costs that are coming out of it.

**REP. CODY** asked if the Department is taking \$23,229, (#12), from the Alcohol Tax fund and does that mean the counties will be short? **Mr. Bruno** said yes.

**REP. SWYSGOOD** asked about #19, Court Ordered Evaluations. **Ms. Whitney** said it was being considered in the Supreme Court budget. **Ms. LaFond** said the Budget Analyst for Judiciary for the Supreme Court said they took no action on the 8% reduction. **Ms. Whitney** said this is an issue separate from that. The only reason they are tied together is the 8% there and this money would both come out of the District Court fund. Either one of them would reduce the funds available for the counties.

**Ms. Whitney** said the Committee will be acting on #10, 11, 12, 17, 18 and 19, plus language.

**Ms. Whitney** said the Galen issue would be #10, \$200,000 FY 1992 and \$800,000 FY 1993 reductions. The Ihler lawsuit actually has no proposal in front of this Committee except the language requested that the Department be allowed to transfer from Personal Services. **CHAIRMAN MENAHAN** read from Exhibit 5, language to separate the two issues. **REP. SWYSGOOD** asked, with this language, what Personal Services will the money be transferred from to follow the patients. **Mr. Chisholm** said it would be the Personal Services budget of the Mental Health

Division that is now allocated to the Montana State Hospital, Warm Springs campuses, to the Grant Category of the Central Office so they can further disperse that money to service providers in the community.

REP. SWYSGOOD asked how many more FTE would be needed at the State Hospital to come into compliance with the Ihler decision. Mr. Chisholm said 10.8 FTE; 6.8 are nurses and 4 are psychiatric doctors.

Tape 4, Side B, 225

Discussion: Ms. Whitney said it was her understanding from the Department that if they could take up to 80 patients out of Warm Springs they would still need 10 additional staff to beef up their staffing there. They were going to get that 10 additional staff through the downsizing of Galen and move those 10 people to Warm Springs. As she understands the alternate proposal by SEN. FRANKLIN, it will give them language to move \$1,000,000 from Warm Springs Personal Services to the community to allow moving 80 people to the community, give them enough money to fund 10 FTE on the Warm Springs campus, and deny the downsizing of Galen. Mr. Chisholm said if that is what the proposal is then that would work relative to the Ihler compliance issue.

Motion/Vote: SEN. FRANKLIN moved to fund Warm Springs campus FTEs 72,500 FY 1992 and \$290,000 FY 1993 for the intent of direct service to the patients in Warm Springs and that be linked in language to the authorization that the Department may transfer appropriation authority from the personal services category to the operating expense category of the mental health division budget upon approval by the governor or his designated representative for costs up to \$1,000,000 for the 1993 biennium associated with responding to the district court ruling on the Ihler lawsuit. MOTION CARRIED WITH SEN. AKLESTAD AND REP. SWYSGOOD VOTING NO.

Discussion: Ms. Whitney said with the action that was previously taken 10 FTE were added to Warm Springs on the assumption that Galen would not be downsized. If a motion is made and approved to downsize Galen it should be linked to retracting the 10 FTE of the previous motion.

Motion/Vote: SEN. AKLESTAD moved to accept the Executive budget proposal #10, Galen Program reductions, \$200,000 FY 1992 and \$800,000 FY 1993; rescind the FTE portion of the previous motion and keep the language portion of the previous motion. MOTION FAILED WITH SENS. VAUGHN, FRANKLIN AND REPS. MENAHAN, CODY AND SWYSGOOD VOTING NO.

Motion/Vote: REP. CODY moved #11, Montana State Hospital Canteen spending authority \$16,920 each year of the biennium. MOTION CARRIED UNANIMOUSLY.

Discussion: Ms. Whitney said this Institutional reimbursement is extra revenue coming in. HB 2 language was used to make the adjustment as a funding switch in the Veteran's Home to reduce general fund and increase federal. The rest of the money is a straight reimbursement to the General Fund and if this action is approved she will put language in HB 2 that says the Department is directed to do this.

Motion/Vote: SEN. VAUGHN moved Executive Budget proposal #17, Institutional Reimbursements, \$999,162 FY 1992 and \$792,870 FY 1993. MOTION CARRIED UNANIMOUSLY.

Motion/Vote: SEN. AKLESTAD moved to accept Executive Budget proposal #18, Fiscal 1990 Cost Settlement, \$1,050,012 FY 1992. MOTION CARRIED UNANIMOUSLY.

Motion/Vote: REP. SWYSGOOD moved to accept Executive Budget proposal #19, Court ordered evaluations' reduction \$513,454 FY 1993. MOTION FAILED WITH SENS. VAUGHN, AKLESTAD, FRANKLIN AND REPS. CODY AND MENAHAN VOTING NO.

Tape 5, Side A, 001

Motion/Vote: REP. MENAHAN moved boiler plate language for: "the department shall continue to provide acute hospital care, intermediate nursing care, and chemical dependency services at the Montana State Hospital at Warm Springs and Galen without significant changes in the program at either campus," (Page D-13, Budget Analysis) and add: "except for approved changes on the Warm Spring campus to implement the District Court ruling on the Ihler lawsuit." MOTION CARRIED UNANIMOUSLY.

Discussion: Ms. Whitney said as of last Session the Committee appropriated \$121,921 of General Fund for the Arts Council. In previous action 1-3-92, the Committee eliminated \$6,498. The Long Range Planning Committee took a look at the Coal Tax that was available at the discretion of the Legislature and they approved transfer of coal tax of \$103,865 to be used to offset General Fund in the Arts Council. To complete that action it needs this Committee's approval. This is coal tax money that is available for Legislative appropriation, not Constitutional Trust. This is a one-year only proposal. It will not be in the base as coal tax funding for the Arts Council next Session.

In response to a question by SEN. AKLESTAD, Ms. Whitney said the \$6400 was the cut the Arts Council said they could sustain as their contribution to the budget crunch. This money does not cut their funding beyond that. What it does is switches most of the remaining General Fund that they have. All that has been done so far is switch coal tax for General Fund. The original appropriation was \$121,921, of which \$6,498 was taken away by the action 1-3-92. That left them with \$115,423. From the \$115,423 the Committee will give them coal tax of \$103,865 which will

leave them \$11,558 General Fund.

Motion/Vote: REP. SWYSGOOD moved to approve the use of coal tax moneys in place of General Fund money \$103,865 for the Arts Council. MOTION CARRIED WITH SEN. AKLESTAD AND REP. SWYSGOOD VOTING NO.

ADJOURNMENT

Adjournment: 3:30 P.M.

*Wm 'Red' Menahan*

WM. "RED" MENAHAN, Chair

*Mary Lou Schmitz*

MARY LOU SCHMITZ, Secretary

WM/MLS

HOUSE OF REPRESENTATIVES

INSTITUTIONS AND CULTURAL EDUCATION SUBCOMMITTEE

ROLL CALL

DATE

1-4-92

NAME	PRESENT	ABSENT	EXCUSED
REP. WM. "RED" MENAHAN, CHAIRMAN	✓		
SEN. ELEANOR VAUGHN, VICE-CHAIR	✓		
REP. DOROTHY CODY	✓		
REP. CHUCK SWYSGOOD	✓		
SEN. EVE FRANKLIN	✓		
SEN. GARY AKLESTAD	✓		
SEN. TOM BECK			✓

HOUSE OF REPRESENTATIVES

INSTITUTIONS AND CULTURAL EDUCATION SUBCOMMITTEE

ROLL CALL VOTE

DATE 1-4-92 BILL NO. \_\_\_\_\_ NUMBER \_\_\_\_\_

MOTION: By Sen. Franklin  
To fund Warm Spgs. Campus 10 FTE  
72,500 / -92 290,000 / -93 (Exhibit 5)

NAME	AYE	NO
REP. WM. "RED" MENAHAN, CHAIRMAN	✓	
SEN. ELEANOR VAUGHN, VICE-CHAIR	✓	
REP. DOROTHY CODY	✓	
REP. CHUCK SWYSGOOD		✓
SEN. EVE FRANKLIN	✓	
SEN. GARY AKLESTAD		✓
SEN. TOM BECK		
TOTAL	4	2

HOUSE OF REPRESENTATIVES

INSTITUTIONS AND CULTURAL EDUCATION SUBCOMMITTEE

ROLL CALL VOTE

DATE 1-4-92 BILL NO. \_\_\_\_\_ NUMBER \_\_\_\_\_

MOTION: by Sen. Aklestad - Executive Action  
Item # 10 - Loan Program changes to reduce  
200,000 / 92 ) 800,000 / 93  
motion failed

NAME	AYE	NO
REP. WM. "RED" MENAHAN, CHAIRMAN		✓
SEN. ELEANOR VAUGHN, VICE-CHAIR		✓
REP. DOROTHY CODY		✓
REP. CHUCK SWYSGOOD		✓
SEN. EVE FRANKLIN		✓
SEN. GARY AKLESTAD	✓	
SEN. TOM BECK		
TOTAL	1	5

EXHIBIT ~~8-1-91~~  
DATE ~~7-14-91~~  
SB \_\_\_\_\_

2711 Airport Road  
1802 Tenth Avenue  
Helena, Montana 59601  
(406) 442-5209  
Fax 442-5238

# MONTANA ASSOCIATION OF COUNTIES

TO: Board of County Commissioners  
FROM: *Gordon MA*  
Gordon Morris, Executive Director  
RE: Psychiatric evaluation costs  
DATE: October 31, 1991

I have been inundated with calls from counties in response to being billed for psychiatric evaluations done at Montana State Hospital. This was discussed at the district meetings and I met personally to discuss this issue with the Governor's Office and Steve Yeakel. Unfortunately the discussions were unsuccessful as the Department of Corrections and Human Services is proceeding to pass this cost back to counties. (See Chisholm letter 10-25-91).

The question being asked is "what can we do about this?" There is no satisfactory answer that will head off this district court funding disaster. Legislators should be advised that the Department is using the entire amount appropriated by the legislature to meet the Governor's mandated budget reductions. This amounts to a savings to the state general fund of \$399,636. in FY 1992, and \$513,454 in FY 1993.

This will directly impact district court budgets and the reimbursement program. The reimbursement program has been spent down annually at a 100% level of reimbursement amounting to \$2.6 million. As a consequence of another \$400,000 in FY '92 and \$513,000 in FY '93 reimbursements will be prorated at approximately \$.85 on the dollar. The shortfall will be spread across all counties and will have to be made up from other revenues either in the district court fund or general fund. All of which is unacceptable in the face of adopted budgets which would have to be amended and the I-105 tax freeze.

The situation will aggravate district court funding at a time everyone, Commissioners as well as Bar Association representatives, were hoping the problem had been addressed. All of this must be communicated to legislators and the Governor.

At the Revenue Oversight Meeting on October 4, the Committee members were told that the estimates of the shortfall were less severe than earlier predicted. Some legislators suggested that the Governor might want to delay implementation of the cuts until such time as more accurate estimates of income tax collections could be made, namely the end of October. The Budget Director, Steve Yeakel, suggested this would not be prudent.

EXHIBIT \_\_\_\_\_  
DATE 1-4-92  
SB 1-4-92

A D A D

D I V I S I O N   O P E R A T I O N S

RESIDENTIAL SERVICES - GALEN

Alcohol Service Center (ASC)

Lighthouse Drug Program

COMMUNITY SERVICES

GALEN

GALEN CURRENT

A. DETOX

- 33 beds in acute care hospital

LENGTH OF STAY 1-3 days

525 DETOX ONLY ADMITS FY91

- 60% readmits
- 54 % from 4 surrounding counties in FY91
- 1 Substance abuse counselor
- 1 Substance abuse counselor tech

B. ASC

72 TREATMENT BEDS & 12 ORIENTATION BEDS

- 8 beds reserved for inmates
- 8 Substance abuse counselors

LENGTH OF STAY 28 DAYS

TYPE OF REFERRAL

FY91	FY87
30% voluntary	53%
62% legal involvement	
7% inmates	

CLIENT CHARACTERISTICS

- 95% primary problem alcohol
- 79% completing treatment
- 90% unemployed

UTILIZATION RATE 96%

- 12-1 Client counselor ratio

WAITING LISTS MEN 30 days WOMEN 70 days

- Current admission policies
- \* 18 or older chemically dependent , as evidenced by diagnostic review
- \*court orders & involuntary commitments priority degree of motivation for ASC evaluated by detox staff
- \* Not have been discharged in past 6 months

C. LIGHTHOUSE

15 BEDS  
- 3 substance abuse counselors

LENGTH OF STAY- 90 DAYS

TYPE OF REFERRAL

FY90	FY87
32% voluntary	52%
33% inmates	16%
33% forced voluntary	31%

CLIENT CHARACTERISTICS

- 73% legal involvement
- 88% drug other than alcohol
- 52% completed treatment FY 85- 90

UTILIZATION RATE FY 90 81%

- 5-1 client counselor ratio

NO WAITING LIST

- Admission policies - same as ASC + further review by staff and clients for motivation and rules

GALEN CONCERNS

COUNSELOR TO CLIENT RATIO ASC

- 12-1 state average 8-1

EVENING AND NIGHT COVERAGE AT ASC

- 1 duty counselor 4- 11:00 pm
- 1 LPN only 11:00 pm 7:00 am

NUMBER OF PEOPLE RECEIVING AFTERCARE SERVICES IN THE COMMUNITY AFTER DISCHARGE

INCREASING NUMBER OF COURT ORDERS AND NON VOLUNTARY ADMISSIONS

WAITING LIST AT ASC

REFERRALS TO GALEN WITHOUT PURSUING OUTPATIENT I.E. PRIVATE COUNSELORS, CRIMINAL JUSTICE SYSTEM

TREATMENT COMPLETION RATIO AT LIGHTHOUSE

RECIDIVISM

GALEN SOLUTIONS

1. RESTRUCTURE THE CHEMICAL DEPENDENCY PROGRAMS AT GALEN TO:
  - ALLOW ADEQUATE NIGHT COVERAGE AND CLIENT TO COUNSELOR RATIO FOR ALL INPATIENT SERVICES
  - OFFER VARIABLE LENGTH OF STAY TO CLIENTS
2. STRENGTHEN THE LINKAGE BETWEEN GALEN & COMMUNITY BASED OUTPATIENT PROGRAMS
  - A. Increase the number of people receiving aftercare services in the community
  - B. Ensure appropriate level of care
  - C. Review and revise referral policies for aftercare
3. Encourage referrals through approved community programs.
  - A. Education to judges, county attorneys other human service agencies regarding benefits of IOP and the need for aftercare.
  - B. Encourage judges to include aftercare in the community on court orders to Galen.

#### CHEMICAL DEPENDENCY PROGRAM REORGANIZATION

- A. Move the orientation beds into the hospital with detox (DEAR program)
- B. Merge lighthouse with ASC with 3 tracks
- A. DEAR - detox, education assessment & referral
  - 24-26 beds comb. Detox & orientation
  - 3 current counseling staff
  - detox + 4-5 days in length services
  - Detoxification sub acute - medication protocol when needed
  - Education lectures video programs & AA/recovery literature
  - closed AA meetings

Ex. 2  
1-4-92  
Chemical  
Dependency

- Assessment initial interview questionnaire to significant ones data from the legal system etc.
- Referral back to community
  - short term track
  - primary track
  - extended track

B. Restructure 87 bed inpatient program

1. Short term track

- . 9 Beds
- . Length of stay 14 days
- . 1 Primary counselor 9-1 ratio
- . Individuals with a history of treatment & sobriety individuals appropriate for iop

2. Primary track ( current program at (asc)

- . 60 Beds
- . Length of stay 28 days
- . 6 Counselors 10-1 ratio

3. Extended track

- . 18 Beds
- . 60 Day length of stay
- . 2 Counselors 9-1 ratio
- . Individuals with a history of treatment failures
- . Both alcohol & drug clients



# Mental Health Association of Montana

A Division of the National Mental Health Association

State Headquarters • 555 Fuller Avenue • Helena, Montana 59601

(406) 442-4276 • Toll-Free 1-800-823-MHAM

DATE 1-4-92  
BY [Signature]

**Working for  
Montana's  
Mental  
Health**

December 2, 1991

Mr. Curt Chisholm, Director  
Dept. of Corrections/Human Services  
1539 11th Avenue  
Helena, MT 59620

12-20-91  
TO Legislators  
for your  
information  
LM

Dear Curt,

At the recent quarterly Board Meeting of the Mental Health Association of Montana, a motion was passed that the Association communicate to you our support of your intention to implement the Ihler decision calling for more appropriate services for the mentally ill now in the care of the Department and to pursue the Montana Mental Health Plan to provide for improved and increased services in the communities.

We also wish to convey to you the following three concerns that we have:

1. That sufficient money remain in the mental health budget to insure that those clients transferred to community settings will receive sufficient services there to improve the quality of their lives;
2. That needed services not now provided at Montana State Hospital to some of its residents shall be provided through changes made; and
3. That the Department review the implications of the Ihler decision for the Montana Center for the Aged which is also a component of the public mental health system.

Sincerely,

*LS/*  
LuAnn McLain  
President

LM:bd  
cc: Kelly Moorese

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A Non-Profit Education & Advocacy Organization Working for Montana's Mental Health  
A National Voluntary Health Agency

EXHIBIT ~~2~~ Exhibit #  
DATE \_\_\_\_\_  
SB 7-9-92

DRAFT

WARM SPRINGS/GALEN TASK FORCE

POSITIONS:

The Warm Springs/Galen Task Force Supports:

- Compliance with the Ihler decision in letter and spirit.
- Transfer of inappropriate Warm Springs patients to community mental health programs who can provide at least the same level of care as at the institution.
- Increased funding of community mental health programs system wide.
- Expansion of funding for case management for ~~the~~ current and future caseloads.
- Continuation and improvement of the programs at Montana State Hospital as the core institution of the states mental health system.
- Continuation of the work begun by the Warm Springs Study Committee created by H.B. 966 as passed by the last regular session of the legislature. ~~Premature~~



Keith L. Colbo  
President

INTERTEC

HELENA

Power Block Building - Suite 5A  
7 West 6th Avenue  
Helena, Montana 59601  
Telephone: 406-443-4940  
FAX: 406-443-4965

DRAFT

WARM SPRINGS/GALEN TASK FORCE

POSITIONS:

The Warm Springs/Galen Task Force opposes:

-Reduction in general fund support for the states mental health system.

-Inappropriate transfer of patients to expedite facility closures and downsizing.

-Reorganization proposals that do not improve the level of care provided at Montana State Hospital.

-Transfer of the acute care program at Galen and its subsequent down grade to an infirmary at Warm Springs until the Warm Springs Study Committee has completed it's recommendations and the 1993 Legislative Session has acted on them.

-Mental health system that encourages competition for resources between mental health regions and state and community partners within the same system.

-Efforts to focus blame on any individual or administration for the problems facing the state mental health system. The problems began long ago and while many improvements have been made, the solutions are for today.

DRAFTWARM SPRINGS/GALEN TASK FORCE**QUESTIONS:**Ihler V. State of Montana

-Has the current organizational structure with intake and pre-release programs failed to serve the patient needs at Warm Springs? Realize that staffing of other programs to meet Ihler is benefitted without the addition of more professional staff, but is that the best service delivery model? Why would you revert to a 1970's model other than to save positions? What facility is freed-up under the new model to house the proposed infirmary at Warm Springs? This is a point at which the down size proposal and the Ihler compliance plan overlap.

-The Department has targeted 85 voluntary admission patients for return to community mental health programs. Several concerns come to mind:

A.) All voluntary admissions are not non-violent. How many of these patients can be appropriately cared for in the community? There are only 20-30 patients who are inappropriate placements at Warm Springs, the balance if placed into the Community are going to stress, for the most part underfunded and incomplete local programs who are not now serving needs at the local level. What is the source and amount of funding that will be transferred to local mental health programs to meet the needs of these new patients?

B.) Case management is an essential part of successful placement and treatment. Today there is no capacity to manage any more clients in the system. What are the plans to expand and finance case management services? Where does the funding come from and how much?

C.) Local mental health centers should have the program components necessary to provide for the new clients with appropriate services, at least as appropriate as at the institution. What is the capacity of the centers to absorb 30 or 85 new patients with appropriate programs? What are the costs to serve these clients locally, and what is the source of financing?

> ~~Will some funding transferred - Compliance~~  
D.) It appears that the compliance plan submitted to District Judge McCarter in addition to reducing the patient population by 85, will also reduce the number of employees by 50 to 60 after the proposed reorganization. What are the projected costs of laying-

off these employees? How much general fund money will be saved by this reduction of staff, or how might it be used? How much general fund support will be lost to the mental health system if the compliance plan is fully implemented?

E.) Can the Department comply with Ihler requirements with the proposed reorganization and the placement of 20 to 30 patients from Warm Springs to local communities who are most clearly inappropriately placed at the institution? The ruling from Montana First Judicial District Court for Lewis and Clark County did not mandate reduced populations, reorganization, reduced staff, or reduced general funding spending. This may be the same approach taken by other states that have resulted in the total failure of their systems to meet the mental health needs of their citizens. We are not there now, but is that where we are heading?

DRAFT

QUESTIONS:

Drug and Alcohol Program:

-The proposed reorganization of the drug and alcohol programs at the Galen Campus of Montana State Hospital has the support of the Galen Task Force while noting the following:

A.) The drug and alcohol program will be limited by the physical space they are assigned to.

B.) There is a six-week waiting list to enter the alcohol program at Galen. This is an eternity for those seeking admission.

C.) Without readily available medical de-tox the alcohol program will be limited in the future provision of basic services. This is driven by the type of patient served at Galen. What funds have been provided for medical de-tox at private facilities? Have these funds been reflected against projected savings at Warm Springs?

D.) The current ADAD annual review of the drug and alcohol program indicates a much higher use of the acute care program for medical de-tox than has been indicated in the past, 33 in the last four months with an average 4 day stay.

DRAFT

WARM SPRINGS/GALEN TASK FORCE

QUESTIONS:

Long Term Care:

The Department down-size proposal for the long term care unit would remove 30 to 35 patients to facilities at Warm Springs or to private care providers. The Warm Springs/Galen Task Force has the following concerns:

-There are 65 patients now receiving care at the long term care unit at Galen many of whom have come from community private care facilities. The population is stable and well cared for currently. Is the transfer of the acute care resource to Warm Springs dictating the transfer of some patients to the Warm Springs Campus?

-Will any of these patients be transferred to the Center for the Aged at Lewistown? That program does not now have the professional staff to serve the Galen patient. Costs?

-What amount in reimbursements will be lost to the general fund? Has that been reflected in projected savings?

-Attempts at private placement for these patients has been problematical in the past. What are the Departments plans to assure appropriate and adequate care for those transferred? What will be the general fund costs now and in the future?

DRAFT

WARM SPRINGS/GALEN TASK FORCE

**QUESTIONS:**

Acute Care Downsize

The Department proposal to remove the acute care facility at Galen and replace it with an "infirmiry" at the Warm Springs facility raises the following questions:

-What is the definition of an infirmiry and what services can be provided? What medical services now provided at the acute care program will be contracted out to private care providers because of this downsize? What is the cost to the general fund?

-What will be the revenue loss from reimbursement as a result of an infirmiry as opposed to acute care? Has the revenue loss been offset against projected savings? What is the dollar loss to the general fund?

-What is the state's liability in providing this lower level care?

-What is the current utilization of the acute care program?

-How is this downsize proposal related to Ihler compliance by way of reorganization at Warm Springs?

-What is the cost of maintaining the facilities that will be abandoned?

DRAFT

WARM SPRINGS/GALEN TASK FORCE

QUESTIONS:

General/

In addition to the reductions projected by the downsize proposals how much have Galen and Warm Springs had to absorb in vacancy savings and underfunded pay plan for the general fund?

What has prevented Warm Springs from hiring the authorized psychiatrist positions currently provided in the budget?

What are the individual and combined general fund savings from each downsize proposal and the Ihler compliance plan? How much will be transferred to support community mental health programs?

The problems within the mental health system are not new to the Department or this administration, they began long ago with chronic underfunding. This is not a time to; further burden the system or to reduce financial support in the name of general fund savings. Other states have had that experience, are we tempting those same unfortunate results now in Montana?

"Hiring more staff means spending money the state doesn't have." (Chisholm) Providing appropriate care at the institution at Warm Springs or in the community has a cost attached to the state. The Ihler decision did not order general fund savings.

The H.B. 966 study committee has begun its work in preparation to present recommendations to the 1993 Legislature. Do you view the downsize proposals in concert with the charge given the committee?

---

Ex. 4  
1-4-92

STATE OF MONTANA

Office of the Legislative Auditor

STATE CAPITOL  
HELENA, MONTANA 59620  
406/444-3122



LEGISLATIVE AUDITOR:  
SCOTT A. SEACAT

LEGAL COUNSEL:  
JOHN W. NORTHEY

DEPUTY LEGISLATIVE AUDITORS:

MARY BRYSON  
Operations and EDP Audit

JAMES GILLET  
Financial-Compliance Audit

JIM PELLEGRINI  
Performance Audit

December 31, 1991

Senator J.D. Lynch  
527 W. Mercury  
Butte, MT 59701

Dear Senator Lynch:

Per your request, we have compiled data on the Department of Corrections and Human Services' proposal to downsize programs at the Galen campus at Montana State Hospital. The enclosed memo outlines our findings and notes any areas where specific costs have not been included in the proposal. There is also information included on the recent court decision relating to patient rights and services.

Overall, it appears there are portions of this plan that could be accomplished only if legislative clarification and authorization is obtained. There are patient vacancies at other units which provide the same services. Individual patient assessments have identified changes in care that are needed. Relocation information has been compiled and committees have been formed to address potential transfers. The dollar amount outlined as savings in personal services appears reasonable in relation to the number and types of staff that will be reduced. There are several areas that have not been addressed which could impact this proposal. These include pay out of staff benefits, increases in Unemployment Insurance rates, and remodeling costs. There are also several issues which require legislative input and clarification before the proposal could be implemented.

If you have any questions or need any further information, please give us a call.

Sincerely,

Jim Pellegrini  
Deputy Legislative Auditor  
Performance Audit

AG/j/c7  
Enclosure

Office of the Legislative Auditor  
DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES  
PROPOSAL TO DOWNSIZE THE GALEN FACILITY  
Legislative Request 91L-155  
December 31, 1991

The Department of Corrections and Human Services has released a proposal to downsize operations at the Galen facility at Montana State Hospital. Along with this proposal, the department has also outlined plans to consolidate chemical dependency programs at the Galen campus. The proposed executive budget describes the General Fund savings associated with this plan at \$200,000 for the fiscal year 1991-92 and \$800,000 for fiscal year 1992-93. All cost savings are associated with the Mental Health program at the State Hospital. There are no cost savings related to the proposed changes in the Chemical Dependency program. At the request of a legislator, we reviewed the available information regarding the proposal. The following information outlines data we compiled.

Galen Programs

The Galen portion of the Montana State Hospital is comprised of three facilities: Acute Care, Intermediate Care, and Chemical Dependency.

Acute Care - The Acute Care Facility is the medical facility at Montana State Hospital. This unit is used for post-surgical care and routine medical care for Galen and Warm Springs patients. At the current time, the Acute Care Facility is primarily used as a chemical detoxification center for drug and alcohol patients.

Intermediate Care - The Intermediate Care Facility is the nursing home component on the Galen campus. The facility is used for aged patients requiring nursing care. Some patients have chronic mental illness which does not require active treatment.

Chemical Dependency - This program is currently comprised of two different facilities. The Lighthouse Drug Treatment Program is a 15-bed 90-day treatment program to help rehabilitate persons with a drug addiction other than alcohol. The Alcoholism Recovery Program is a 72-bed 28-day treatment program. This 12-step treatment program is for chemically dependent individuals.

### Department Proposal

The department is proposing four major changes at the Galen campus in the current proposal. This plan includes moving the acute care hospital to Warm Springs and changing it to infirmary care. Acute care would then be provided on an as-needed basis through local facilities. The capacity of the nursing home program would be reduced to 35 patients from the approximate 60 current patients. (This facility is currently licensed to maintain up to 185 patients.) Patients would be transferred to the Warm Springs Unit 219, the Center for the Aged, and private nursing homes. In the Chemical Dependency program, all services would be consolidated into one 87-bed unit. A sub-acute detoxification and orientation program will be developed with a 24-bed capacity. This proposal would result in staff reductions, discontinued use of several campus buildings, and decreased patient populations.

### Staffing Issues

All cost savings are associated with a reduction in staff at the Galen facility. The proposal outlines a net staff reduction of 51.30 FTE. This would include a decrease of 54.75 FTE in the Mental Health program and an increase of 3.45 FTE in Chemical Dependency staff.

To review staffing, we obtained a list of actual positions to be deleted. We computed salary levels to determine if the level of savings proposed appeared reasonable. The majority of these reductions include eight food service workers, eleven resident custodians, eight LPNs, and thirteen resident care attendants. Based on the grade level of the positions proposed for reduction, it appears the proposed dollar savings is a reasonable figure.

We did note the department did not include estimates for paying accrued benefits to those personnel who will be laid off. The potential costs include payout of accrued leave benefits, associated increases in the department's unemployment rate, and severance pay. Possible costs which could affect other state agencies include unemployment insurance benefits and dislocated worker training programs. The Dislocated Worker program is a federally funded program. Due to the lack of detailed information, we did not determine actual employees affected and their specific leave balances to identify related costs at this time. Department of Corrections and Human Services staff have indicated they are in the process of computing these costs and they will be available at a later date.

## Patient Issues

The department is proposing the gradual placement of nursing care patients currently residing at Galen into appropriate programs at the Warm Springs campus, the Center for the Aged, or private nursing homes. The current level of approximately 60 patients at Galen would be reduced to 35 patients. To evaluate this area we reviewed the average daily population (ADP) of the three state facilities and utilization information for private nursing homes. Overall, it appears there is still a downward trend in patient populations at the state facilities. It appears the Warm Springs unit and the Center for the Aged could absorb a limited number of patients without any substantial changes. Staff at the Center for the Aged indicated ten patients could be admitted without delay. Utilization information for private nursing homes indicated additional patients could be admitted. Because of the recent court decision mandating changes in patient care requirements, we were not able to determine the capability of the Warm Springs unit to absorb potential transfers. It does appear that patient transfers are feasible at some units based on the availability of beds.

During our review, we also examined information compiled by the Long Term Care Relocation Steering Committee. This committee was formed when the department first proposed the closure of the Galen facility during the 1991 Legislative Session. This committee was assigned the duties of overseeing and assisting the relocation of patients to facilities with more appropriate levels of care. The level of care needed was based on two patient surveys conducted during 1990. We found the committee met five times between September 24, 1990 and March 11, 1991. The committee recommended the establishment of referral teams, the development and use of assessments/referral packages, and an appeal process that could be used by patients and their families. Referral teams were set up at each of the units. Patient assessments were completed by March 15, 1991. The assessment results were combined with the previous two survey findings. The department currently plans to use this information to identify the level of care needed for each patient and steps needed to relocate patients. No additional patient surveys will be needed for those residents that were in the facility during that time period.

We found the department currently contracts with private facilities for acute care on an as-needed basis. In the past year, the hospital sent 24 patients to private hospitals for a total of 234 patient days. Department officials indicated this process will be continued to ensure acute care is available.

Proposed changes relating to the Chemical Dependency program are being described by department staff as needed to improve the quality of the current program. Department officials indicated the proposal will improve the program by reducing current patient waiting lists and increasing staff to patient ratios. Due to the preliminary nature of these changes, we were unable to evaluate this area.

We contacted the Department of Health and Environmental Sciences to determine what changes had occurred for tuberculosis (TB) patients in the past year. No major program changes were noted. Patients are still served by Montana State Hospital. We found one patient has received treatment at the hospital during the past year. The department did not receive funding to address this program at the local level as outlined during the Galen closure proposal. Hospital staff have indicated any TB patients will be served through private providers and infirmary level care under the new proposal.

### Building Issues

The downsizing plan could effect building utilization in several areas. The nursing home space requirements at the Galen campus would be reduced. The acute care unit would be transferred to the Intake Building at the Warm Springs campus and be licensed as an infirmary. The Lighthouse and ASC buildings would be vacated and the programs moved into the Receiving Hospital. Additional space would be utilized in the Receiving Hospital at Galen.

We first reviewed Long Range Building Program (LRBP) funds that were provided to the hospital and the buildings that would be effected. The hospital received \$129,000 to replace the roofs on the Receiving Hospital, Annex, and Terrell/Crockett wings. Upgrades to the nurses call system were funded at \$52,000. Other funding was received for the Warm Springs campus and to conduct an infrastructure study. Total LRBP funding designated for Montana State Hospital was \$320,175. None of these plans appear to be affected by the downsizing proposal. With the described changes, the buildings which would have higher utilization are those which received funding for improvements.

We contacted officials at the Licensing, Certification, and Construction Bureau, Department of Health and Environmental Sciences, to determine if they have any concerns related to this proposal or if there were any changes in building regulations that could impact this facility. Department staff indicated they did not have any specific concerns. They are in the process of responding to a request to review the Department of Corrections and Human Services proposal. They would also be involved in licensing the infirmary.

One area which does not appear to be addressed in the department's proposal is possible remodeling of current facilities. To consolidate all operations in the Receiving Hospital at Galen, the current structure may need to be updated or changed. We found the facilities director at the State Hospital has not been contacted for input into this plan. Staff at the Center for the Aged also indicated building changes have not yet been considered. Building changes would be needed if more than ten patients were transferred to that facility.

We were not able to identify any plans for vacated buildings. The department would need to establish specific guidelines and procedures to address the movement or surplusing of equipment, security over the facilities, whether to "mothball" or demolish the structures, etc.

### Other Issues

There are several other issues that could have significant impact on this proposal.

During the 1991 Legislative Session a proposal to change and/or eliminate certain programs at Montana State Hospital was considered. The proposed changes were rejected by the Legislature. To address any future changes, House Bill 2, Chapter 815, Laws of 1991, specifically provides that the programs at the State Hospital not be significantly changed during the current biennium. The changes proposed by the department are in conflict with the specific requirements of the law. It appears the Legislature must change or eliminate the restrictions on program changes contained in the law before the current proposal could be implemented.

The Ihler lawsuit will also impact operations at Montana State Hospital. This lawsuit was filed by several patients and dealt with their patient rights. The court ordered a compliance plan to address the concerns raised in this lawsuit. The department issued the plan on December 26, 1991. This plan is separate from the Galen downsizing proposal but would also impact staffing, patient populations, and building utilization. Based on this information, it appears the compliance plan proposed by the department should be reviewed by the Legislature as required in House Bill 2.

The final area we reviewed was whether the current proposal met privatization criteria outlined in current statutes. In lieu of providing these services, the department is proposing to transfer patients to other providers. This does not appear to meet the current criteria in the law and would not be subject to privatization review.

### Summary

Overall, it appears there are portions of this plan that could be accomplished only if legislative clarification and authorization is obtained. There are patient vacancies at other units which provide the same services. Patient assessments have identified changes in care that are needed. Relocation information has been compiled and committees have been formed to address any potential transfers. The dollar amount outlined as savings in personal services appears reasonable in relation to the number and types of staff that will be reduced. There are several areas that have not been addressed which

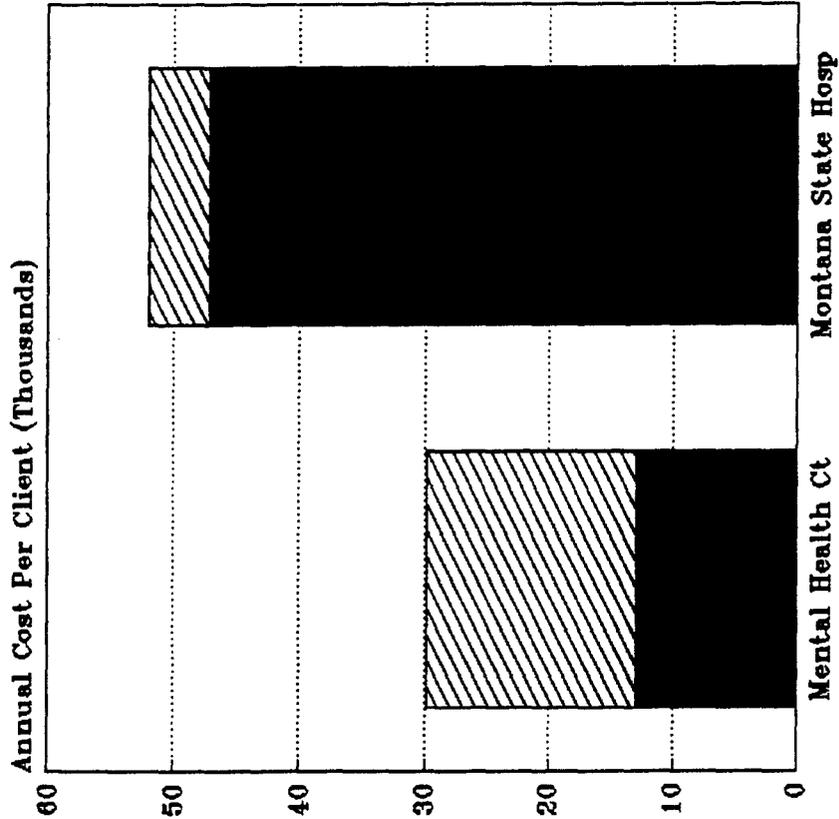
KX. 4  
1-4-92

could impact this proposal. These areas include pay out of staff benefits, increases in Unemployment Insurance rates, and remodeling costs. There are also several issues which require legislative input and clarification before the proposal could be implemented.

AG/j/c7.mem

# ESTIMATE OF COSTS/FUNDING

Seriously Mentally Ill Adults



	CMHC		MSH	
GENERAL FUND	12,985	44%	47,210	91%
FED/OTHER	16,824	56%	4,783	9%
<b>TOTAL</b>	<b>29,809</b>		<b>51,993</b>	

**ASSUMPTIONS:**

- 86% of clients are Medicaid eligible
- 20% will require group home placement
- Services include Case Mgmt, Medications, Local Hospitalization, Group Home, Day Treatment, Outpatient Therapy, and Other Medical (M.D., Dental, Optical, Lab)
- Highest annual cost estimated \$50,906
- Lowest annual cost estimated \$5784
- General Fund portion of Medicaid: 28.29%

■ GF    ▨ Fed/Other

Exhibit 5  
SB 1-4-92

**The department may transfer appropriation authority from the personal services category to the operating expense category of the mental health division budget upon approval by the governor or his designated representative for costs up to \$1,000,000 for the 1993 biennium associated with responding to the district court ruling on the Ihler lawsuit.**

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DATE 1-4-92

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

