



Children, Families, Health, and Human Services Interim Committee

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59th Montana Legislature

SENATE MEMBERS

TRUDI SCHMIDT--Chair
JOHN ESP
JERRY O'NEIL
DAN WEINBERG

HOUSE MEMBERS

BILL WARDEN--Vice Chair
EMELIE EATON
EVE FRANKLIN
DON ROBERTS

COMMITTEE STAFF

SUSAN FOX, Lead Staff
DAVID NISS, Staff Attorney
FONG HOM, Secretary

MINUTES

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed. Committee tapes are on file in the offices of the Legislative Services Division. **Exhibits for this meeting are available upon request. Legislative Council policy requires a charge of 15 cents a page for copies of the document.**

October 21, 2005

Capitol Building, Room 137
Helena, Montana

COMMITTEE MEMBERS PRESENT

SEN. TRUDI SCHMIDT, Chair
REP. BILL WARDEN, Vice Chair

SEN. JOHN ESP
SEN. JERRY O'NEIL
SEN. DAN WEINBERG

REP. EMELIE EATON
REP. EVE FRANKLIN

COMMITTEE MEMBERS EXCUSED

REP. DON ROBERTS

STAFF PRESENT

SUSAN FOX, Lead Staff
DAVID NISS, Staff Attorney
FONG HOM, Secretary

Visitors

Visitors' list, [Attachment #1](#).

CALL TO ORDER AND ROLL CALL

SEN SCHMIDT called the meeting to order at 8:07 a.m. Committee Secretary took roll visually. Rep. Don Roberts was excused.

YELLOWSTONE COUNTY COMMUNITY CRISIS CENTER
Barbara Schneeman, Yellowstone City-County Health Department
Bob Ross, Director, South Central Mental Health Center
Joan Daly, Deaconess Billings Clinic
Mike Foster, St. Vincent Healthcare

A slide presentation (**EXHIBIT 1**) was given on the Yellowstone County Community Crisis Center by Joan Daly and Bob Ross.

MIKE FOSTER told the Committee that he is a "pinch hitter" and has been involved only in the peripheral of the subject. The last slide showed a gentleman by the name of Bob Frost from St. Vincent who has been involved in the project. He could not make it today.

QUESTIONS FROM COMMITTEE

REP. FRANKLIN asked Ms. Daly what she thought helped her get past the usual bogging down of communities, the elements in a community working together. JOAN DALY said that over the last several years they have seen an increased number of people presenting that do not receive services. She said that they have done a good job of identifying services for people who are Medicaid eligible or have other insurance, but half of the people they are seeing have no health care insurance. In addressing the mental health and substance abuse disorders and looking at overcrowding, it makes their facility inaccessible to other hospitals and other people who are needing their services at the Psychiatric Center. She said that what brought them to the table was a conclusion that there was a need for a better solution than the one that exists now. The Mental Health Center cannot pick up all of the patients; the emergency department at St. Vincent Healthcare was admitting people who should have been in Ms. Daly's facility but because there were no beds available, St. Vincent had to hold them and address them at different levels of care within St. Vincent's system.

REP. FRANKLIN asked Mr. Ross what kind of environment do you see yourself having in terms of building? BOB ROSS said he would like it to be evaluation treatment with waiting rooms, food available, family conference rooms. When they get into Phase II, he would like to have a secured room to do searches, a nurse's station, and medication room. For those people who have to stay longer, we would like to have a separate male/female side of the facility.

SEN. WEINBERG asked Mr. Ross if he would be able to hold people in the new facility for 24 hours and does he consider that long enough to stabilize them to the extent where they will not be sent to the State Hospital? MR. ROSS said no, but within 24 hours, they will know if that person can be discharged back to their home or if they will need acute care. There is a 72-hour

hold period and there has to be a hearing process.

SEN. WEINBERG asked Mr. Ross what his numbers are of sending people from his community to the State Hospital and does he expect those numbers to decrease as a result of the new facility? MR. ROSS said he didn't have numbers because his facility might send someone, as well as the hospital might send someone. Yellowstone County's admission to the State Hospital has actually declined over this last year and we think it will decline more.

SEN. WEINBERG asked if their new facility would operate at a financial deficit or will it break even? MR. ROSS said that the new facility has been operating at a deficit. JOAN DALY added that the issue that they face is that they are losing so much money in terms of how they are providing services currently and that their goal is not to make money but to lose a lot less money.

SEN. WEINBERG said that the downside of giving good triage, good evaluation and good referral service is that it would create greater needs for the other facilities in the community, because if you do your job right, you could put pressure on the other facilities to provide the same services. He asked Bob Ross if that is anticipated. MR. ROSS said the ideal is if you intervene, get them into treatment, you will increase that population who are engaged in treatment but in the long run, if you get them early enough, you might not have to have them in ten years.

SEN. O'NEIL asked how much of the \$3.5M they are spending on emergency room care encompassing Deaconess Benefis Center, Psychiatric Center Care do they expect to save? JOAN DALY said that they are estimating approximately \$1M a year at DBC, but that does not include the emergency room estimate. She said that she believes that they will impact and also increase the availability of beds that are currently being utilized for that purpose.

SEN. ESP asked who the provider for the detention center in Yellowstone County was, if it was contracted, or do they have their own health department? BOB ROSS said they have contracted with another provider group and they have a half time therapist. SEN. ESP asked how they envisioned that meshing together with what they are doing as far as transitioning out of the detention center or diversion from the detention center? MR. ROSS said he did know. They had the conversation on how it might prevent detentions because if law enforcement picks up someone in the middle of winter, sometimes they cite them on a misdemeanor just to get them indoors. If that person appears to be mentally ill and if they could evaluate them before they are taken to jail, then they don't have to be seen at the jail. In regards from the jail back out, he did not know that yet. They do not intend to go to other locations, so it will require the detention center to take someone out to have them evaluated. SEN. ESP asked if he envisioned those kind of folks coming to this facility? MR. ROSS said that they do not plan to be a detox program. They will have security there because of the nature of the work and

occasionally they will have someone who is somewhat combative, but if they are just talking about drunks in a bar fight, he would expect not to see those folks. SEN. ESP asked if either Mr. Ross or Barb provide CD services? MR. ROSS said that they have an out-patient and chemical dependency program with the full array of out-patient services. Rimrock Foundation provides residential and detox and it is anticipated that they will continue to use their detox beds.

REP. WARDEN asked Mr. Ross if he would speak on how he got this building for the new facility. BOB ROSS said that they lease the building from a local owner at a discounted rate. The hospitals are footing the cash outlay for that. REP. WARDEN asked if there has been any interaction between his group and other communities and are other communities in the state looking at this model? BOB ROSS said that he has out-patient, mental health center offices in the surrounding south central communities, from Big Timber up to Lewistown and Hardin and he has presented this project to his governing board who are commissioners from those areas. He has talked directly to the people in Big Timber because they are struggling with the very same issue. He said that his plan is that once he gets up and running, it would make sense for them to come and look at the facility, and ultimately use it. He thinks the concept is adaptable.

RIMROCK FOUNDATION
DAVID CUNNINGHAM, CEO
JOYCE DeCUNZO

David Cunningham gave a presentation on the Rimrock Foundation (**EXHIBIT 2**) and submitted his written presentation and Special Report to the Committee.

QUESTIONS FROM COMMITTEE

SEN. WEINBERG asked if there was a chance that Rimrock could save money through this system by having some of the triage and evaluation and duties taken over by them? MR. CUNNINGHAM said that they have all the infrastructure in place right now to include crisis stabilization beds. They have four crisis stabilization beds, which amounts to about 1440 patient days available at a very low costs as opposed to acute care psychiatric care. SEN. WEINBERG asked if he would go if he had a re-occurring illness, to the emergency room or to this new facility? MR. CUNNINGHAM said he would rather go to a facility that he knows and referral patterns suggests that emergency room is the referral pattern.

SEN. WEINBERG said that certainly the economics is a big concern, but the overriding concern is treatment and where people are going to get the best and the most appropriate treatment. He said that he would like to get a serious handle on the treatment aspects and whether or not part of the treatment that people currently get might be lost in this new effort, and if treatment will be degraded in any manner. If the answer is yes, we need to build in some safeguards to make sure that doesn't occur.

SEN. ESP asked Mr. Cunningham if he would be willing to work with other people to develop protocols as to referrals when it is appropriate and to the appropriate facilities. DAVE CUNNINGHAM said he thinks it is essential that if we are all taking government money and we are partially funded by government, that we have an inherent responsibility to provide services at the lowest costs and also provide more efficient services than we are providing right now.

REP EATON asked how the Rimrock Foundation plays into the crisis of having to turn people away? MR. CUNNINGHAM said that they are talking about a limited number of detoxification beds that are paid or purchased from us by the county. If those beds were full, there would be no room in the inn and it goes back to Sen. Weinberg's issue which is, what about treatment? He said that it seems to him that they could be building demand. There has to be beds available to serve the public better than what is available now and that is also true for mental health care.

REP EATON asked why the Rimrock Foundation has empty beds when the hospitals in Billings are turning away people because there are too many people for the services and beds available in the two hospitals MR. CUNNINGHAM said that he could not answer that question because he did not know.

SEN. SCHMIDT asked Mr. Cunningham if he accepted Medicare or Medicaid? MR. CUNNINGHAM said that he accepted Medicaid but not Medicare. SEN. SCHMIDT asked if he accepted uncompensated care? MR. CUNNINGHAM said that he provides \$591,000 in free care services a year. SEN. SCHMIDT asked if he accepts patients that don't have any form of payment. MR. CUNNINGHAM said that he did.

SEN. O'NEIL asked Mr. Cunningham if he was suggesting that the new facility would not be needed if this group changed their protocol and sent people to you. MR. CUNNINGHAM said that they do need additional facility space, although they would have to work as a team to figure out how many beds would be needed and how it would be better utilized. They do not know at this point because they are not dealing with numbers and until they do, he cannot provide that information. SEN. O'NEIL said that the Committee has been presented with the fact that they went together and got all the players in the county together. He asked Mr. Cunningham if he was one of the players who was involved in this planning? MR. CUNNINGHAM said that he was not.

SEN. WEINBERG asked why the Rimrock Foundation are not getting the referrals that they should. MR. CUNNINGHAM said that because they provide beds at such a low cost, they ask the hospitals or somebody to pay for those beds if they are not Medicaid beds. SEN. WEINBERG asked how is it that they are not getting referrals? MR. CUNNINGHAM said that he cannot answer that. SEN. WEINBERG asked if anyone can answer his question. He is curious and feels that half the people in the room know it, but he doesn't.

REP. EATON asked Mr. Cunningham if the Rimrock Foundation is a private paid, for-profit, long term treatment for a variety of addictions. MR. CUNNINGHAM said that they are a non-profit, 501(c)(3) facility and as such, they are exactly the same as a hospital. They receive the same kind of payments through insurance that hospitals receive. They have a range of physicians, nursing staff, counseling staff. REP. EATON asked if they are a long term treatment and what is the difference between the services that an emergency room would provide and one that Rimrock provides. MR. CUNNINGHAM said that when he talks about their detoxification unit, it is a short term facility, and they would try to facilitate people into long term care. In other words, you have detoxification and we would either try to put you in one of our facility or we would see that you get to the MCDC program in Butte.

SUSAN FOX said that the crisis stabilization beds at the Rimrock Foundation is licensed for in-patient crisis stabilization beds so they can be over 24 hours long. The panel has asked the Department to create a new category of crisis stabilization beds that is less than 24 hours that would be considered out-patient. Ms. Fox said that when she spoke with a person in Licensure, that person was talking about requirements.

REP FRANKLIN asked if there has been a history of difficulties in the community in terms of the politics of patient referrals. MR. ROSS said the politics are always about the uninsured patient. No one fights to send away a Blue Cross covered patient. No one tries to send away a Medicaid patient. If there are politics, it is always around what to do with the uninsured, unfunded people. REP. FRANKLIN asked if there is some kind of taboo or an unwritten or informal rule that people don't make referrals to Rimrock? JOAN DALY said that the issues are more complicated than she can speak to in this forum, however, she will reiterate what Mr. Ross has said that the struggles that the hospitals have is that when you are in our emergency department, we are required by federal law to treat and stabilize. The unfortunate piece is what happens to the uninsured and underinsured. When you are dealing with the co-occurring mental health population, the only way you can get someone care who does not have a resource to pay for it, is to admit them to an in-patient acute bed to stabilize them. Ms. Daly said that it is the expectation of the hospitals to continue to provide that level of acute care for a patient population that other levels of care can more appropriately address, refer them to the levels of care that they do need. Our commitment is that we need to get our hands around this population so we do know how to serve them. We need to identify what the contributions of all service providers, the community, the state, the county, and local providers. What is our commitment to health care in general to this population without the discrimination. What is critical for us is that when we do not treat this population up front in a more preventive way, they will end up at our very high level of patient care that have nothing to do with mental health and substance abuse.

SEN SCHMIDT asked Mr. Cunningham if the Rimrock Foundation, which has four crisis stabilization beds, takes uncompensated care patients? MR. CUNNINGHAM said that they

didn't for those particular beds.

SEN. ESP asked Mr. Cunningham why the Rimrock Foundation was not on the list of people the Coalition invited to take part in the discussion. Were they not involved voluntarily or did you forget that you were invited, and now that you said that you were willing to work on protocols, are you willing to be involved on the resource end? MR. CUNNINGHAM said that was a tough question, but they are willing to work very closely with the Alliance Group. SEN. ESP asked if that was an about face? DAVE CUNNINGHAM said not at all. SEN. ESP said that he is confused. If you were invited to participate up front and didn't or chose not to, where are you coming from here? MR. CUNNINGHAM said that he is also confused and is still trying to understand why they were not part of the process. SEN. ESP asked Mr. Ross if he was still willing to work on this and talk further, or are they too late in the process to do that? BOB ROSS said that when they first began the conversation they spoke to all the people on that list, that he had employees and considerable expenses, as did the other providers. Any provider who wanted to put employees or cash into the project has been invited from the very beginning.

REP. FRANKLIN said that there are a lot of research questions to be asked and there should be some cooperation with MSU-Bozeman, University of Montana, and graduate students who could ask research questions about patterns of treatment and referral. We know what the issues are but we don't always frame the questions with the right data. Would that be a way if we legitimately want to get those questions answered? JOAN DALY said that when they originally designed the grant, most were those types of aspects. MSU-Billings was involved in the evaluation process.

SEN. SCHMIDT said that their presentation mentioned that the four partners will pick up costs if services is not paid by the resources, is there a plan on how that will be done or how the four partners will do that? JOAN DALY said currently they initiated this project without the expectation that they would be funded at all and that the two major health care providers in DBC and St. Vincent's Health Care agreed to split equally the hard operating costs, the day to day activities. The other costs are primarily staffing costs and those are all being provided in-kind by the partners. That is how we agreed on how to equalize the costs of providing this level of care, recognizing that we were already doing that in our separate facilities. This would be a more cost-effective way of managing all our resources and providing a better accessible system of care.

SEN. SCHMIDT asked Ms. Daly to give an example of one of the development policies out of the 60 that they look at? JOAN DALY said that what they have done was to develop all the policies and procedures that were required for mental health center licensure. All of those will be part of the crisis facility policy requirements and procedure requirements. Many of those policies and procedures are being implemented through either the out-patient services at the Mental Health Center, the Deering Clinic, St. Vincent Health Care, or DBC. They have been

bringing them all together, how to staff, what is the qualifications of the staff that have to be there, the patient's rights, all the same aspects that all of us deal with independently within our own organizations that qualify us to meet the policies, Administrative Rule and State law. SEN. SCHMIDT asked if they modeled their proposal of the new facility after any other state? MS. DALY said that the State AMDD sponsored a group to go to Memphis to look at the crisis intervention system that they have in place. She was a member of that group and brought back ideas of incorporating the best pieces of what Memphis does with what they are doing.

SEN. WEINBERG asked Joyce DeCunzo whether people will get the treatment they need or will it be compromised, and is there something that the state can do through certification and rulemaking to make sure that treatment is not compromised through this new system. JOYCE DeCUNZO said that she has not worked on the rules that are being developed for this, but regarding treatment, in order for a person to get treatment, they have to have a door to go through. In her view, with this particular model, the door they have to go through are hospital emergency rooms. That needed to be coordinated with the community mental health center and with other players in the community. A new door has been created for individuals to go through so there could be a combination of 1) their ability to get to someone; and 2) a group of people who can look very quickly at the full needs of that individual and make determinations about what is the best treatment environment for that person.

SEN. SCHMIDT said to the Committee that there is a letter from Gary Mihelish which talks about the crisis intervention team who went to Memphis which Joan was referring to. This was developed by the Memphis Police Department. You might want to read it.

SEN. O'NEIL said that the Committee has heard that 24 hours is not going to be long enough to stabilize these people and does that mean that once you get this going, you are going to come back in the next legislative session and ask for that limitation on your hours to be thrown out so you can keep them long enough to adequately stabilize them? BOB ROSS said the 23 hours are their choice. They could do longer, but they need a different licensure and they have chosen to continue to be licensed as an out-patient facility.

SEN. ESP thanked everyone for coming. He said that at some point you have to build a wall and see if the wind blows it down that night, and you get up and you build it again the next day. He said that he thinks it will work in the way they think it will. The Committee needs to figure at the state level how to get communities to work together as much as they can and with whom they can and get something in place. That is the legislator's role as policymakers, figure out how to get that sort of interactions in other communities.

REP FRANKLIN asked Ms. Daly what her next step will be? JOAN DALY said that they are working on completing the internal construction. Since contractors are volunteering their time and labor and materials, they are hoping they can get it done in the next month or so. The

Administrative Rule changed their final corporate licensure and those types of things are what she will expect in the next couple of months.

MIKE FOSTER said that he agreed with Sen. Weinberg that the focus should be on the patient and best way to provide care for the patients is right up front, having the appropriate access. He said that there are times when an emergency department is absolutely the appropriate access for care for our patients and there are other times when it is not the best. We all do the best we can. Our mission and the Deaconess' mission statement is very clear about their desire to help the poor and the vulnerable. We live that mission and we do the absolute best we can for the patients that come into the emergency department or any place else. With this project, we believe that we are providing a better access for these patients that will result in better treatment.

SEN. SCHMIDT thanked everyone who came. It is impressive how their community has come together to support this project and commend them for doing this.

JOYCE DeCUNZO, AMDD, said there are a couple of things that are really important about what is going on today. She said that one of the things she has learned about being in government service, particularly, when you are working on behalf of individuals who need some help from the government, is that people tend to look to government for help. One of the problem with that approach is that it is a cookie cutter approach. We make decisions based on the best information given us and then we bank on systems that we know. It is harder and more risky to say we are not going to do business as usual. The work we are doing these days is all about partnerships. We at AMDD are partnering with consumers, providers, with everyone who has a interest in this business. We are in a position to take a risk with these partners. As we go on our listening tour, we have heard that over and over, that people are saying, well we can't afford to do that, but we still have to do something. I think the creativity that is coming about in this particular exercise is great.

SERVICE AREA AUTHORITY PRESENTATION
BOB ROSS, Eastern Service Area Authority
JACOB WAGNER, Central Service Area Authority
ALYCE ANDERSON, Western Service Area Authority
MICHELLE LEWIS, Western Service Area Authority

Bob Ross, Eastern Service Area Authority, spoke about the three service area authorities who have done collaboration on the service area authorities. Mr. Ross spoke to the four points found on his handout (**EXHIBIT 3**) which addressed the crisis response for mental health crisis

statewide.

- a common poverty level eligibility percent for MH and CD services
- a 72-hour presumptive eligibility period for all crisis admissions
- un-enrolled crisis contacts should be paid for as they were in the past
- reimburse local hospitals for crisis admission of two to three days

JACOB WAGNER, Central Service Area Authority, said Central SAA was also looking at presumptive eligibility because it used to be that when you were there, if you were not on Medicare or Medicaid, or any kind of program, you were presumed eligible for that short period of time of 72 hours or less, and that helped with getting stabilized and finding out what services were available and what you qualified for. Mr. Wagner appreciates Mr. Ross' work and his four points.

ALYCE ANDERSON, Western Service Area Authority, Co-Chairman of Libby Advisory Council, said that the Western SAA supports Mr. Ross and his four points. The collaborative efforts between AMDD and the SAAs and the local advisory councils are evident as AMDD has participated in and provided leadership for our LAC and SAA meetings. They have also facilitated communication between SAAs and the LACs by establishing MetNet Conferences. We want to stay the course and move with the process as it grows and develops. In this partnership, we need open, honest communication. We ask that you give your full support to SB 499. The passage of this bill has allowed the SAAs to develop as an advocacy group blended in partnership with AMDD and with lawmakers.

MICHELLE LEWIS, Western Service Area Authority, said that it is important that we stay this course. Addictive and Mental Disorders Division (AMDD) has been a partner and we hope that you will be a partner to us as well. She is here to support the panel here today.

SEN. SCHMIDT recognized Dan Ladd and thanked him for his work with SAAs. MR. LADD said that everyone has been working together to try to find solutions to the issues at hand.

QUESTIONS FROM COMMITTEE

REP. WARDEN asked Joyce DeCunzo if they stipulate that being able to do what they are suggesting would save us money and prevent these transports to the State Hospital and if that is true, what has to be done to facilitate this change? Is that something you can do internally or is that a legislative issue? JOYCE DeCUNZO said that she thinks it is some of both. If they talk about keeping people in a local setting, one of the issues that comes to the top of the list is the need for secure settings. Ms. DeCunzo said that a situation looks like this: a person presents and they are in a real crisis, a determination is made that they are a danger to either himself and others, that individual goes to State Hospital for their care so that they will be safe until their commitment hearing is heard. Often times these individuals can stay in a local psychiatric bed, but there are precious few across the state. The idea behind using hospitals is that the closest

medical care facility for every Montana resident is a hospital, but they are not prepared at this time to provide that type of care. There are some concerns about the commitment law and changes need to be made in that area. What is clear is that under the current commitment laws, when a person is committed to the Montana State Hospital, we must provide for their care. That census continues to increase. We have to make some choices on how we are going to serve these individuals who need this care. What we do with the community services is co-dependent with the State Hospital and vice versa.

REP. WARDEN asked Bob Ross to respond to what he has heard regarding his proposal. BOB ROSS said that he has copies of the hospital survey and he thinks that is the best thing he can do is give everyone copies of that ([EXHIBIT 3a](#)).

SEN. ESP asked if Ms. DeCunzo could have staff analyze these recommendations and in next three weeks come to the Committee or have Susan Fox forward to the Committee an analysis of what each individual area might cost and what changes need to be done either in statute to accomplish those proposed changes. MS. DeCUNZO said she would work on that. SEN. ESP asked the panel if they feel that AMDD has been responsive to the things that you have visited with them about. MR. WAGNER said yes, that most of the consumers and stakeholders in Bozeman are glad to see someone from the state coming down and listening to local concerns.

SEN. ESP asked Ms. DeCunzo if there is a procedure in place in the Department to mull over input from SAAs and incorporate it into your overall strategy? MS. DeCUNZO said that in their listening tour, they are gathering information from everyone and using that as a baseline for making decisions about what needs to be done. The first result that you see is the work that they are doing on crisis.

SEN. WEINBERG asked Ms. DeCunzo what the cost per day at Warm Springs is. MS. DeCUNZO said it runs about \$360 to \$370 a day.

SEN. WEINBERG asked Mr. Ross, that assuming if somebody was treated at the local level for crisis, even for 72 hours, and they have to go to Warm Springs, would he expect their stay at Warm Springs to be shorter because they got that early intervention? MR. ROSS said he didn't know but ideally if you can keep them locally for 72 hours, during the time of the involuntary commitment, a discharge plan is being developed so when the person goes over, they already know how they are going to receive them, what services are going to be in place and what the family involvement is going to be.

SEN. O'NEIL asked how much does it cost to transport somebody to Warm Springs and back? JOYCE DeCUNZO said she didn't know the costs, but she can tell him what goes into the costs. First of all is the county costs, which is not state costs, and that is by statute, because they use a county car, a sheriff's car, often times they have a deputy, sometimes two deputies who

transport the person. Depending how far away that county is from the State Hospital, you have the costs of the deputy, the hourly salary, and the costs of the car. From time to time they will put a person on an airplane with the deputy, so you will have the costs of the airplane tickets to take the person to the State Hospital . And if they are there on an emergency or court-ordered detention, the county has the costs of returning the person for their court hearing. There may be other costs, but those are the big ones. Often times the individuals arrive at the hospital in the middle of the night because that is when the traffic for police officer's time is less and they have a deputy available to transport the person.

SEN. SCHMIDT said that that information is on the sheet that Susan Fox passed out for each county with the pre-commitment costs are (**EXHIBIT 4**). JOYCE DeCUNZO pointed out that the information on the chart are all the pre-commitment costs and would include hospital costs and that would be different from the costs of transportation.

SEN. WEINBERG asked Ms. DeCunzo if the state can legally require hospitals to set up these crisis units and perform these duties? JOYCE DeCUNZO said that she did not know the answer to that question, that hospitals are private entities. SEN. WEINBERG asked if Ms. DeCunzo would put on her list of things to research and see if there should be a requirement that hospitals set up crisis units and perform those kinds of duties, maybe put the requirement with hospital licensure, and let the Committee know what tools might have to put in place. MS. DeCUNZO said that she would do that.

SUSAN FOX asked Ms. DeCunzo if the HIFA waiver proposal as written now, would preclude her from having flexibility in doing that, or is it too late to incorporate this kind of flexibility into the waiver so that some of the ideas that would help the uninsured might impact future recommendations in that area? JOYCE DeCUNZO said that the HIFA waiver is out for public review and will go through a mandatory 60-day public review. She said that it wasn't too late to do anything with that waiver and for anyone who would like to review it, and would like to make suggestions to the Department about including some of those things, now is the time to do that. Ms. DeCunzo said that one of the issues that she has seen with the HIFA waiver is one that people have some concern about, and that is we will be limited with the numbers of people we can serve. That is, we won't be able to allow the Mental Health Services Plan to grow and it has to do with the cost savings formula that we have to deal with at the federal level.

SEN. ESP said that as we develop policy, he thinks it is important that as we move to change, we do it in a way that logically and gradually makes sense rather than abrupt bounces here and there.

CENTRAL SERVICE AREA AUTHORITY (CSAA) PROPOSED ASSESSMENT TOOL
Anita Roessmann

ANITA ROESSMAN, Montana Advocacy Program, spoke on the proposed assessment tool (**EXHIBIT 5**) which resulted from a combined effort of the Central Service Area Authority and the Helena LAC.

AMDD UPDATE

Joyce DeCunzo

JOYCE DeCUNZO told the Committee that she is hopeful and pleased with the relationships that are being developed between the Department and the SAAs and the LACs. In the last session, they were authorized to hire three field staff. Those field staff will be on board in November. One will be specifically working with each Service Area Authority on development of crisis services. They are half way through their listening tour and what they have learned is that communities are not the same, their needs are not the same, and their solutions are not the same. Consumers, family members, people from hospitals, county commissioners and law enforcement have taken this opportunity to come and talk and to weigh in on some of the solutions. They are not done with the listening tour but by the next meeting they should have some tabulated results of the consumer survey that was done.

PUBLIC COMMENT

JIM AHRENS, Montana Hospital Association, said hospitals are not required to provide psychiatric services by statute. He said that you could require every hospital to have a pediatric unit, or you could require every hospital to have a neurosurgical unit if you want to do it by statute, but it wouldn't make much sense to do that. The fact of the matter is, many of our hospitals couldn't do pediatrics, nor could they do neurosurgery. In some of those communities, it just would not make sense to do all this. He said that if that issue were to be discussed, the Montana Hospital Association would be willing to participate. Mr. Ahrens said that his point is, maybe you don't want to do this with every facility and in fact if you did, many of our facilities couldn't provide the services that you want and it goes back to the first panel that you were asking about is the treatment appropriate, and clearly you would want to have some appropriate treatment at the entry level.

DR. GARY MIHELISH, President of National NAMI, talked about living with a person who suffers from mental illness and who was in the public mental health system. Dr. Mihelish took his son out of the Montana system because the health system did not provide a way for him to get better. He said that the Montana public mental health system does a good job of stabilization and maintenance, but the majority of people do not get better. A system creates dependency just because that is the way these systems work. For those of us who are interested in recovery and rehabilitation, we are looking for more and asking for more. We have competing, conflicting provider groups preventing people with serious disabling mental illness to get better. He said that he supports SAAs. Dr. Mihelish told the Committee that he has submitted information for the Committee's study (**EXHIBIT 6**).

COLLEEN MURPHY, Executive Director of Montana Chapter, National Association of Social Workers, said the idea of unenrolled crisis contact should be paid for as they were in the past. She said that licensed clinical social workers do a lot of things in Montana, many of which work for agencies dealing with mental illness. They are in the mental health centers, they are in AWARE, they are in the chemical dependency centers, but they are also in private practice. They may be that first contact and if they see anybody because they can't bill, there is no first line of contact in a rural area for a person in crisis to go to. One of the major concern of hers is that rule change was done. Licensed private providers in the community were allowed to see and bill for MHSP clients. Then a rule change was made that said that they no longer can, all of those people need to be seen through a mental health center. This put people in absolute crisis because who they were currently seeing, they couldn't see anymore. All her social workers had to terminate those MHSP clients and send them to the mental health center, or they could see them but they couldn't get paid. Ms. Murphy said that she had two concerns: if 75% of crisis are non-Medicaid, and a first response might be a way to keep someone from having to go to the State Hospital, why are we not letting those people be seen by private providers in their community; and, the other concern is when talking about the SAAs and LACs, the private provider is having a hard time finding themselves represented. If collaboration works best when all the providers are there, all the providers aren't there.

DON HARR, Psychiatrist, submitted his written comments regarding the Crisis Response System for Montana ([EXHIBIT 7](#)).

JOELLEN MacFADDEN, Chairman of the Great Falls Mental Health Advisory Council, spoke on behalf of herself. She said that she thinks that there are many exciting ideas circulating today and is impressed with this committee.

DEB METUCCI, Director of Mental Health Association, said that as we look at this issue, she would encourage everyone to look at how we can impart services and programs that keep people from getting to crisis in the first place. How can we create a system for Montanans, not just the Medicaid eligible or not just the MHSP, or those who have private insurance, but for all the residents of the state that encourages recovery and health.

COMMITTEE WRAP UP

REP. FRANKLIN said that she would like an update on the intensive programs that were developed a couple of years ago.

SEN. WEINBERG said that in regard to the Billings proposed system, he is reluctant to make change for the sake of making change without some research and statistical background to know that we are heading in the right direction. Sen. Weinberg would like more research with respect to cost shifting, what services would look like, and whether more services will be

needed because of a streamlined and more efficient Intake system. He also would like research done on what would be needed to extend the 24-hour limitation because he felt that the 24-hour limitation is because of financial and licensing concerns than it is for treatment.

SUSAN FOX said that she could get more information on what Billings' definition of assessment, what are the tools, the tests, the professionals, who will be doing the assessments and the initial evaluation. She could also look at the mental health licensure issues.

SEN. ESP would like more specific proposals or ideas from some people who weren't here today, i.e., the Governor's Office, MACo, Ombusman, and what they think we should be looking at in crisis services and present it at our next meeting.

REP. WARDEN and SEN. O'NEIL would like some information on whether or not a fiscal note would be involved on some of these proposals and adjust the poverty levels.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, DIRECTOR'S REPORT

John Chappuis, Deputy Director

Mr. Chappuis talked about the HIFA Waiver and discussed his handouts (**EXHIBIT 8**).

REP. FRANKLIN asked Mr. Chappuis on the eligibility chart of TANF, that while TANF cash assistance and Medicaid are not directly related and understanding that there are different circumstances where people seek TANF, could he explain the significant downward trend? MR. CHAPPUIS said the Department recently allowed the Blackfeet Nation to take over their TANF program and the difference there is the drop of a couple of thousand and an additional drop because of employment. When you get improved employment for TANF recipients, it goes down. TANF eligibility does not necessitate Medicaid eligibility. However, all TANF people are Medicaid eligible, but it is a separate system of gaining eligibility because income and asset levels are similar.

SEN. ESP asked if mental health was line 92. MR. CHAPPUIS said it is but it is a conglomeration of many services. It is part of the way the model predicts this so it has a number of community services out there. SEN. ESP said he is looking for the capability of breaking down the numbers by services. MR. CHAPPUIS said that he can and does have reports which breaks it down by services, but he cannot give that for 2007 but can for 2005.

JOHN CHAPPUIS gave an update on the CHIP negotiations. He reported that they met and while there was not an agreement, the state did counter-offer. They have been staying close to where the claims are and have come up to 6%. If claims do go higher and because there was a 20% increase in the September claims, they offered a contingency which would split the difference between 6% and 11.9%. He is not sure whether that will be accepted or not.

The Medicare Modernization Act or MMA is progressing well. He reported on Clawback numbers. Clawback is the part that the state has to pay back for their share of what they would have paid for the Medicare/Medicaid full dual eligibles which now Medicare will take over. The number which the federal government gave back was lower than what they anticipated by 30 cents per member per month. They have the SHIP (Senior Health Insurance Program) program in each county to help people make appropriate choice for the types of plans. In terms of the wrap around coverage, the other initiative they are doing with SB 324 is progressing well.

REP. FRANKLIN asked if Mr. Chappuis had any information on the waiver for children services. MR. CHAPPUIS said that Pete Surdock is beginning the writing of that waiver and may be done by February or March of 2006.

SEN. ESP asked Mr. Chappuis if he was aware that there is something circulating around in regards to child care and the underspending of the budget on child care. MR. CHAPPUIS said that he has not heard anything on that, but he would check into that.

PUBLIC COMMENT

JUDY SMITH, WORD and HomeWord, said that the increase in TANF benefits was not at the level that they had hoped, and she had concerns about the increasing costs of gasoline and utilities, and the federal cuts to Medicaid and food stamp and other low income programs.

KATHLEEN DRISCOLL, Hamilton, supports SAA. She discussed the mental illness suffered by her family and the mental health crisis in Ravalli County (**EXHIBIT 9**).

ANITA ROESSMANN, Attorney for the Montana Advocacy Program, is concerned about Medicare Part D. Medicare has a pharmacy benefit, as of January 1, 2006. Her concern is that people in the state's mental health service plan will be affected by this change and that they will not be as well-protected and that the continuity of their pharmacy benefit is not as sure as it is for the Medicaid people. She would like this Committee to take that into consideration and make some recommendations to the Department.

SEN. WEINBERG asked Ms. Roessmann what she thought the solution to this was and what does she suggest should happen to keep people from falling through the cracks? MS. ROESSMANN said that folks who are MHSP enrolled, and until they make it onto a plan and have the extra help lined up, they should keep getting the pharmacy benefit so that they have that continuity. SEN. WEINBERG said that until they get on a new plan, someone has to get them there and who is that someone? MS. ROESSMANN said the way this is working is that the Department has been training the people at the community mental health centers, which have the MHSP contracts to provide case management services on how to get people enrolled and to understand all the steps which they have to go through.

BONNIE ADEE, Executive Director of Mental Health Ombusman, represented those who couldn't be here today who are in need of public mental health services. They are the population who are currently in prison and have serious mental illness.

LEGISLATIVE AUDITOR'S DIVISION

MIKE WINGARD

MR. WINGARD discussed the Division's list of possible topics for performance audits that could be done during the upcoming biennium. At end of the 2005 session, the Division listed Manage Mental Health Care. It received significant number of votes from members of the Legislative Audit Committee. The Division decided to hold off in order to see what issues the CFHHS committee identified or wanted researched that would be beyond the scope of the Legislative Audit Committee's resources. He wanted to inform the Committee that they had the option to do a performance audit in this area or other areas which CFHHS's might be considering.

SUSAN FOX suggested that the Committee think about what Mr. Wingard presented and she will get some information on items that are appropriate for a performance audit.

REP. FRANKLIN asked if John Chappuis would comment on the concern of people falling off the MHSP. MR. CHAPPUIS said that the concerns that some individuals might fall off or not get signed up in a timely manner is real. They are making every effort to ensure that that doesn't happen. They have been talking to the mental health centers, which are the primary providers for these individuals on MHSP and they have counselors in the community. The Department is not in favor of a transition period where they will continue paying for drugs. If it became clear that there is a problem, it would have to be addressed at that point.

SEN. WEINBERG asked if those cases would present themselves within 30 days after the deadline when they refill their prescriptions? MR. CHAPPUIS said that he thought they would know by that time and they would present themselves. However, if they are a week late and they present, they will miss those prescriptions. Also, there is a wait period for Medicare. SEN. WEINBERG asked if they could keep the same deadline but quietly have a 30-day grace period. MR. CHAPPUIS said that he would like to discuss that further and take that under advisement.

REP. FRANKLIN asked Ms. Driscoll, talking in terms of county officials and communication involving the County Attorney's Office, where are her county commissioners on this? MS. DRISCOLL said that the county commissioners are softening because the suicide scare is over. They think that the mental health centers have money and that all the providers are making a lot of money.

ADMINISTRATIVE RULE REVIEW

DAVID NISS, Legal Counsel

DAVID NISS talked about the proposed rules implementing the new statewide smoking ban enacted in HB 643. There was a mandatory requirement that the Department adopt Administrative Rules to implement the law, which became effective October 1. The proposed rule was that the Department would operate a certification program which would give a stamp of approval to a bar saying that this establishment is a bar as defined in HB 643, and therefore, exempt from the No Smoking Ban until October 1, 2009.

SUSAN FOX gave an update of the coordinated efforts of CFHHS Interim Committee and the Legislative Finance Committee to present a workshop on NCSL Helping Low Income Families in Tough Economic Times.

REP. FRANKLIN moved to direct Susan Fox to work with Lois Steinbeck and come up with potential game plan for a December 7 meeting. REP WARDEN second. Motion carried unanimously.

NEXT MEETING DATE

Next meeting is scheduled for January 26 and 27, 2006.

ADJOURN

SEN. SCHMIDT adjourned the meeting at 2:36 p.m.

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