



EXHIBIT 1  
DATE 3/14/05  
HB 395

# MONTANA ADVOCACY PROGRAM

*The Civil Rights Protection & Advocacy System for the State of Montana*

## Main Office

400 North Park Avenue  
P.O. Box 1681  
Helena, Montana 59624  
406-449-2344 Voice/TDD  
406-449-2418 FAX  
E-mail:  
[advocate@mtadv.org](mailto:advocate@mtadv.org)

Visit us on the web at:  
[www.mtadv.org](http://www.mtadv.org)

## Missoula Office

1280 S. 3<sup>rd</sup> Street West  
Suite 4  
Missoula, Montana 59801  
406-541-4357 Voice/TDD  
406-541-4360 FAX

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March 24, 2005

House Appropriations Committee  
Rep. Rosie Buzzas, Chairman

**RE: HB 395, Precommitment detention, examination and treatment costs**

Dear Madame Chairman and Committee Members,

The Montana Advocacy Program strongly opposes HB 395.

This bill:

- **Creates a financial incentive to civilly commit people to the Montana State Hospital.** HB 395 rewards the county for every commitment petition that results in a commitment order (because the state must pay for all costs), but penalizes the county for every commitment proceeding that is dismissed by the county attorney or by the judge because the person no longer meets commitment criteria (because then the county must pay for all costs.)
- **Removes the only financial disincentive to bringing civil commitment proceedings, rather than providing accessible local crisis prevention and intervention services.** The \$27 million per year cost of treating individuals after they are committed to the State Hospital is paid entirely by the state and almost entirely with general fund dollars. Precommitment costs are the only commitment costs that counties bear.
- **Removes an important financial incentive for counties to begin addressing the need for effective crisis response plans and services in their communities.** Responding to mental health crisis in the community is as much a county responsibility as the provision as responding to fire, flood and other crisis. The local leadership, coordination of local services and financial contribution of county government is critical.
- **Does nothing to address the problem at the heart of the lack of adequate local mental health crisis services: *the fact that a majority of individuals committed to the Montana State Hospital***

*have no insurance, so the only level of mental health care available to them is the State Hospital.* Clearly, the solution to this problem is going to have to be a county-state partnership. In fact, such a partnership is already required by state law, at § 53-21-139, MCA (requiring the department to develop crisis interventions programs and to assist counties with developing county plans for crisis intervention services and for the provision of alternatives to jail placement).

- **Will eventually force increased general fund appropriations for the State Hospital, further aggravating the problem of inadequate funding for local crisis response and short-term stabilization services.** With an incentive not to dismiss commitment petitions, and no incentive to address gaps in local crisis response and short-term stabilization services, HB 395 would contribute to the growth of the State Hospital's daily census—which increasingly often exceeds its licensed capacity. SB 395's fiscal note does **not** include this future cost to the state general fund.

For people with serious mental illness, civil commitment is the most restrictive, disruptive and traumatic kind of mental health intervention. It entails being removed from the community, being transported to the state Hospital in the back of a patrol car (or on an airplane) in handcuffs and shackles, and completing lengthy, long-distance discharging planning before being allowed to return home. Civil commitment proceedings are expensive for counties, but even more costly to the person committed, who often loses housing, personal property and pets, a job, and even relationships with providers, friends and family as a result of removal from the community.

Mental health crises can and must be addressed locally, by a partnership of local and state government. Any relief from precommitment costs for counties should emerge from that partnership, rather than through HB 395.

Thank you for considering these important issues.

Yours truly,



Anita Roessmann  
Staff Attorney