

DEFINITION OF MENTAL DISORDER TO INCLUDE CO-OCCURRING

TESTIMONY OF ED AMBERG

MONTANA STATE HOSPITAL

Good Afternoon Mr. Chairman and members of the committee. My name is Ed Amberg. I am the Director of Montana State Hospital at Warm Springs. I am here today to speak in support of House Bill 255, which seeks to change the definition of Mental Disorder in section 53 of the Montana Code. This definition is used by District Courts when making a decision to involuntarily commit a person to Montana State Hospital.

In years past, the treatment of Substance Abuse Disorders and of Psychiatric Disorders have been very separate, in Montana and in much of the country. More recently, treatment providers have recognized the need to treat the whole person, and that treatment is much more likely to be effective if both disorders are treated at the same time. Montana has been working toward better integration of substance abuse and mental health treatment for several years now. Substance abuse is a significant factor in about 60% of the 600 admissions to Montana State Hospital each year. It is not unusual for our clinicians to find that substance abuse is often the primary factor in the admission and that the mental health problem is actually secondary. We have worked hard over the last four years to significantly strengthen our capability to provide co-occurring treatment. At Montana State Hospital, we utilize three primary clinical pathways to guide the treatment of most patients. These are:

1. SILS (Social and Independent Living Skills)
2. Coping Skills
3. Co-Occurring

Each pathway consists of a series of group and individual therapies, rehabilitation activities, and educational programs to address primary areas of needs for common sets of problems or symptoms. Treatment is then individualized within the pathway for each patient. We believe the change represented in House Bill 255 reflects the need of our mental health system to embrace a co-occurring model of treatment and address both mental health and chemical dependency treatment needs at the same time. That is what is happening at Montana State Hospital and throughout our public mental health system.

However, I do need to sound a note of caution. Montana State Hospital is operating at capacity. Our treatment units are full most are operating above their licensed capacity. The number of professionals (psychiatrists, psychologists, therapist, and licensed nurses) on our staff is limited. We have only 2.75 FTE allocated for licensed addiction counselors and are currently recruiting to fill one vacancy. We believe we are able to meet existing needs, but if this legislation results in more admissions to Montana State Hospital or in an increased patient acuity level (more people admitted while intoxicated or needing detox services), we will have problems providing adequate services and meeting our responsibilities to provide effective treatment. Despite these concerns, we do support House Bill 255 because we believe it reflects the clear need to provide co-occurring substance abuse and mental health treatment in our state.