



Bill No. 1
Date 4-4-05
Bill No. HB 395

MONTANA ADVOCACY PROGRAM

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

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April 4, 2005

Senate Judiciary Committee
Senator Mike Wheat, Chairman

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

Dear Chairman Wheat and Committee Members,

The Montana Advocacy Program believes that SB 395, as recently amended, is a good bill. Because we are concerned that there could be efforts to restore some of the original bill provisions, we want you to know why we opposed to the original bill.

HB 395, as originally drafted, created a financial incentive to civilly commit people to the Montana State Hospital by rewarding the county for every commitment petition that resulted in a commitment order (because the state would pay for all costs), but penalized the county for every commitment proceeding that was dismissed by the county attorney or by the judge because the person no longer met commitment criteria (because then the county would have to pay for all costs.)

The original bill removed the only financial disincentive to counties bringing civil commitment proceedings. 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.

The original bill removed 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 responding to fire, flood and other crisis. The local leadership, coordination of local services and financial contribution of county government is critical.

The original bill did 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.

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 have contributed to the growth of the State Hospital's daily census—which already often exceeds its licensed capacity. SB 395's fiscal note did not include increased general fund appropriations for the State Hospital in its cost estimate.

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.

As amended, HB 395 will help counties control some of the costs associated with precommitment detention, examination and treatment while also keeping counties invested in helping to find solutions to the statewide problem of inadequate local crisis response.

Thank you for considering these important issues.

Yours truly,



Anita Roessmann
Staff Attorney