

EXHIBIT NO. 2DATE: 1-10-05BILL NO. SB 52SB 52 Testimony  
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Senate Public Health, Welfare and Safety Committee

The intent of SB 52 is to provide for prior authorization of emergency detention placements at the Montana State Hospital, the only state-operated acute psychiatric facility in the state.

In FY02, 33% of the hospital's admissions were for emergency detention. In FY04, 58% of the hospital's admissions were for emergency detention – 226 individuals.

We do not know all the reasons these admissions have risen so dramatically. We do know that a much higher number of patients arrive intoxicated or at risk for withdrawal from alcohol and other substances. Substance abuse is a primary factor in at least 20% of the admissions to the hospital and 58% of the patients admitted in FY04 had a co-occurring substance abuse problem that was at least a contributing factor to the admission.

People on emergency detention generally spend 1-5 days in the hospital before their commitment hearing. About 30% do not return to the hospital after their hearing because they no longer require acute care and thus, are not involuntarily committed.

MSH was built to house 135 patients, is funded to serve 175 patients and is licensed to serve 189. In FY04, the hospital had an average daily population of 189.

From January through October 2004, the hospital was over its licensed capacity for 109 days out of 305 days. It was at capacity 29 days during that time. So, in a 9 month period the hospital was at or over capacity 45% of the time.

There is a need to keep the hospital operating at or below its licensed capacity and to provide services only to those who require the level of care provided by the hospital.

This bill accomplishes several things:

- ▶ if a mental health professional person determines that someone needs emergency detention, it requires the professional person to consult with MSH staff to determine if MSH is the least restrictive and most appropriate placement;
- ▶ it requires the professional person to certify to the court and others that the detained person meets the entrance criteria for admission;
- ▶ it sets a timeline for the professional person to file a report with the court;
- ▶ it requires DPHHS to help communities develop local services that will keep people in their home communities; and

- ▶ it requires DPHHS to develop rules that specify the criteria for appropriate emergency detention at the hospital.

The Addictive and Mental Disorders Division and the hospital do not wish to keep anyone out of the hospital who needs that level of care. Section 1 (4) states that if detention is required but an appropriate alternative placement for the person cannot be found, the person may be transported to the hospital for care and treatment.

It is AMDD's intent to work diligently with communities to develop local secure crisis stabilization centers that can offer appropriate care to people who require detention, until the time of their commitment.