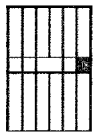
HOW THE FOUR KEY BILLS WORK TOGETHER

Initial Response

Now: No state funding for:
-crisis training for law enforcement
- mental health professional crisis response teams

Needed: Crisis centers for initial screening
- collaborations like Billings Crisis Center and Billings Clinic offer local solutions, funding needed



Now: Jail diversion required by state law, but no state funding provided
High jail suicide rates

HB 130 (LC0307) - Grant Program
(Rep. Stoker)
- DPHHS to administer
- reimburse up to 50% of local costs for eligible expenses, such as CIT training, crisis response teams, jail diversion, if DPHHS determines these to be eligible expenses
- Includes incentive to participate in LC0329 program, and precommitment cost insurance
- Cost: $615,937 annually (preliminary est.)

HB 60 (LC0329) - Jail Suicide Prevention
(Rep. Ebinger)
- pilot project
- DPHHS to contract with mental health provider
- inmates screened via telephone or video
- jail risk management protocols triggered
- follow-up services if needed
- Cost: $264,00 in FY2010; $189,000 in FY2011

Emergency Detention

Now: Patrol car therapy
- transport to MSH
- involuntary commitment proceeding initiated

LC0516 = LOCAL ALTERNATIVE regional beds for emergency detention and evaluation
-reduces admissions to MSH
-reduces county transportation costs

HB 131 (LC0516) - Contracting for regional beds *(Rep. Stoker)*

- DPHHS to contract for beds
- up to 3 beds in each mental health region
- for emergency detention and evaluation
- contract can allow local flexibility
- Cost: $410,625 annually (prelim. est.)
- *supports LC0307 and LC0329 jail diversion and crisis intervention programs by providing a place to go other than jail or the MSH*

Treatment

Now: Involuntary commitment hearing, commitment determination
- court delays
- increased treatment costs for counties

Now: Commitment is to MSH for up to 90 days
- involuntary
- stigma of commitment

HB 132 (LC0517) SHORT-TERM TREATMENT:
- provided locally/regionally
- no commitment hearing
- voluntary agreement
- no stigma
- reduces MSH admissions
- reduces county precommitment costs

HB 132 (LC0517) - Diversion to short-term treatment
(Rep. Stoker)

Process streamlined
- court hearing on involuntary commitment suspended if attorneys and respondent agree to short-term treatment
- 14 days, can be released earlier
- hearing held if treatment refused, longer treatment needed, attorney requests

Contracting for local beds
- DPHHS to contract for up to 3 bed each region - Cost: $1.7 million annually (prelim. est.)

EXHIBIT 1
DATE 2-16-09
HB 2