

# **HJR 16: State-Operated Institutions**

## ***Study Plan***

### **Adopted June 25, 2013<sup>1</sup>**

Prepared for the Children, Families, Health, and Human Services Interim Committee  
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#### **INTRODUCTION**

The 2013 Legislature approved House Joint Resolution 16, to study state-operated institutions serving individuals with mental illness, intellectual disabilities, and chemical dependency. Legislators ranked the study fifth out of 17 study resolutions in the post-session poll of interim studies. The Legislative Council in May 2013 assigned the study to the Children, Families, Health, and Human Services Interim Committee.

HJR 16 directs the interim committee to study the state-operated facilities to determine if changes to the current system of facilities could:

- provide more effective treatment to individuals with mental illness, intellectual disabilities, and substance abuse disorders; and
- serve individuals in a more cost-effective manner.

#### **MONTANA'S STATE-OPERATED INSTITUTIONS**

The Department of Public Health and Human Services (DPHHS) operates four facilities that serve individuals with a mental illness, intellectual disability, or substance abuse disorder. In addition, the Department of Corrections provides mental health services to individuals incarcerated in its facilities.

The Mental Health Nursing Care Center in Lewistown, operated by DPHHS, primarily provides long-term care to individuals with mental illness. The other three DPHHS facilities generally treat people for shorter periods of time. Those facilities are:

- the Montana State Hospital (MSH) at Warm Springs, which is the primary public institution serving adults with mental illness. Individuals typically are committed to MSH by court order because they pose a danger to themselves or others.
- the Montana Developmental Center (MDC) at Boulder, which serves seriously

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<sup>1</sup> The committee will review the study plan in September 2013 to determine whether to make changes involving the extent of its review of decentralized, or community-based, services.

developmentally disabled adults. Individuals are committed by a court to MDC either because they pose a danger to themselves or others or because they have been convicted of a crime but placement in prison is not appropriate. About 85% of MDC residents have both an intellectual disability and a major mental illness.

- the Montana Chemical Dependency Center (MCDC) at Butte, which provides residential treatment services to individuals who have substance abuse disorders.

The Department of Corrections operates the Montana State Prison at Deer Lodge and the Montana Women's Prison in Billings. It also contracts with private or other governmental entities to operate regional and private prisons, pre-release centers, and treatment programs. Many inmates at the state prisons for men and women also receive mental health services while serving their prison terms. Some individuals who are convicted of crimes but who are also found to have a mental illness or intellectual disability may be ordered to serve their prison sentences at the Montana State Hospital or Montana Developmental Center if placement in those facilities is more appropriate.

### **STUDY TASKS**

HJR 16 suggests that the committee examine:

- the populations served by each state facility, including the long-term needs for those populations;
- the services provided at each facility for treatment of mental illness, intellectual disabilities, and chemical dependency;
- the degree to which treatment needs are unmet at each facility and the barriers to providing necessary services;
- the cost of operating each facility, including costs of treatment;
- the ways in which facilities collaborate to provide services; and
- alternative approaches to providing services in order to improve the quality of care and increase access to additional funding sources.

### **STUDY FOCUS**

HJR 16 calls for a study of the state facilities that serve individuals with mental illness, intellectual disabilities, and chemical dependency. This committee agreed to initially focus the

study on services provided at those institutions to individuals who have been diagnosed with a mental illness. As a result, the study will concentrate on:

- all services provided at the Montana State Hospital, the main state facility for treatment of people with mental illness. Many individuals here also have co-occurring substance abuse disorders, while some have been sentenced to serve a sentence at MSH after being charged with a crime and found guilty but mentally ill.
- most services provided at Montana Developmental Center, where the majority of the developmentally disabled residents also have a major mental illness. Some also have committed crimes and have been sentenced to MDC, rather than prison.
- the mental health services provided to individuals who are receiving treatment at the Montana Chemical Dependency Center and who also have a co-occurring mental illness; and
- the mental health services provided at the men's and women's prisons, where up to 90 percent of the inmates may have a substance abuse problem but a much smaller percentage of individuals have mental health needs. Past interim studies have reviewed alcohol abuse treatment needs and programs in the criminal justice system and have looked at ways to divert people from the criminal justice system into the mental health system before they face criminal charges. However, less attention has focused on the mental health needs of individuals who are serving prison sentences.

By narrowing the study in this manner, the committee expects to be able to better meet the objective that is outlined in the HJR 16 preamble, which suggests that the state may be able to reconfigure the system of public institutions to "more effectively serve individuals who have similar treatment needs."

### **STUDY RESOURCES**

DPHHS and the Department of Corrections maintain information on the numbers of individuals served in the state facilities, as well as on the treatment services provided at the facilities. Those agencies will serve as resources in compiling basic information on the treatment needs of individuals served by the institutions and on the services provided. In 2011, MSP was accredited by the National Commission on Correctional Health Care. The accreditation recognizes that the prison meets standards set by the commission for health care services, including mental health treatment. The accreditation standards will provide a benchmark for reviewing mental health services provided in the prison setting

Montana also has an interested and active community of providers and advocacy groups that work on mental health, intellectual disability, and chemical dependency issues. Those interested parties will serve as a resource in helping the committee identify gaps in services, barriers to meeting treatment needs, and options for alternative approaches to serving the populations targeted by the study.

In addition, the state — including the Legislature — has reviewed mental health services periodically, to determine ways to provide services more effectively and efficiently. Most recently, the 2007 Legislature appropriated \$200,000 to conduct an interim study of mental health services, including services provided in the correctional system. The study was conducted by DMA Health Strategies of Massachusetts and resulted in a 2008 report to the Legislature. That report will be summarized and updated for the committee.

Finally, models in other states may provide the committee with additional ideas for ways to effectively provide mental health, intellectual disability, and chemical dependency treatment in its publicly funded institutions.

Based on research conducted during the early part of the study period, staff will prepare briefing papers for the committee and arrange presentations on the study topics.

### **OUTLINE OF STUDY ACTIVITIES**

The study will include the following basic activities during the time periods noted:

1. **Compile background information: June 2013 through January 2014.** This stage will include several steps designed to provide the committee with information about the state facilities and the treatment programs they offer, including:
  - a. staff briefing papers summarizing the populations served at each facility, services offered at the facilities, and the adequacy of those services.
  - b. site visits to the Montana Developmental Center, Montana State Hospital, Montana State Prison, and Montana Chemical Dependency Treatment Center by staff and/or committee members.
  - c. presentations from stakeholders, to provide information and perspectives on unmet treatment needs, barriers to providing treatment, collaborative efforts that should be or are being undertaken by the agencies and facilities, and alternative approaches to providing services.

d. presentations or written reports from the Legislative Fiscal Division, Office of Budget and Program Planning, or DPHHS on the costs of operating the facilities.

2. **Identify issues: January through March 2014.** Study activities during this period will include a review of the information compiled to date and committee identification of issues that members would like to address through further analysis or legislation.

This phase of the study will help the committee focus its attention on those study issues it considers to be of greatest importance, so members may obtain any additional information they would like to receive before identifying potential solutions and making any recommendations on the study topics.

3. **Review and decide legislative options: March 2014 through August 2014.** After compiling the background information, identifying issues, and researching options, the committee will discuss and act on issues it wants to address through the legislative process or in other ways.

The table on the following page provides a listing of anticipated study activities and resources, as well as tentative dates for the activities and the amount of committee meeting time each activity is expected to entail.

<b>Study Activity</b>	<b>Source</b>	<b>Activity</b>	<b>Meeting Date</b>	<b>Committee Time</b>
(1) Compile information on the populations served by each facility, including readmission rates and the projected long-term needs of the populations	Staff research, DPHHS, DOC, stakeholders	Staff materials and agency presentations	September 2013	2 hours
(2) Compile information on the services provided at each facility for treatment of mental illness, intellectual disabilities, and chemical dependency	Staff research, DPHHS, DOC, stakeholders	Site visits and facility presentations	September 2013	12 hours
(3) Obtain information on the degree to which treatment needs are unmet and on the barriers to providing necessary services	DPHHS, DOC, stakeholders	Panel presentations and public comment	November 2013	2 hours
(4) Compile information on the costs of operating each facility and providing treatment services to the target populations	Staff research, LFD analysis	Staff materials, panel presentation, and public comment	November 2013 or January 2014	1 hour
(5) Discuss alternative approaches to providing services that may improve quality of care and increase access to additional funding sources, including the potential benefits and drawbacks of centralized services vs. decentralized services	Staff research, stakeholders	Staff materials, panel presentations, and public comment	November 2013 and January 2014	4 hours
(6) Develop recommendations and, if desired, bill drafts for the 2015 legislative session	Committee members	Committee work sessions and public comment	March through August 2014	6 hours
			<b>Total</b>	<b>27 hours</b>