

**PRESENTATION TO CHILDREN AND FAMILIES INTERIM COMMITTEE
October 21, 2005**

GOOD MORNING, MY NAME IS DAVID CUNNINGHAM AND I AM THE CEO OF RIMROCK FOUNDATION. I AM THE FACE BEHIND THE LEGISLATOR ALERTS RECEIVED ON A REGULAR BASIS. AND I REALIZE YOU MAY OR MAY NOT BE PLEASED TO LEARN OF THAT CONNECTION. I APPRECIATE BEING ASKED TO OFFER SOME COMMENTS FROM A DIFFERENT PERSPECTIVE TODAY REGARDING THE DELIVERY OF CRISIS SERVICES IN A COMMUNITY.

BY WAY OF BACKGROUND, RIMROCK FOUNDATION HAS OPERATED A 24 HR CRISIS AND MEDICAL DETOXIFICATION PROGRAM IN BILLINGS SINCE 1975. WE ARE VERY FAMILIAR WITH THE POPULATION THE ALLIANCE IS PLANNING TO SERVE. THE ALCOHOL EARMARKED TAX HAS BEEN THE ONLY EXTERNAL SOURCE OF FUNDS FOR THIS SERVICE WITH THE FOUNDATION SUBSIDIZING THE UNIT FOR ABOUT \$400,000 PER YEAR.

WE ARE ALSO A LICENSED MENTAL HEALTH CENTER AND HAVE FOUR CRISIS STABILIZATION BEDS FOR MENTALLY ILL PATIENTS. THE PATIENTS WHO COME TO US AND WHO WILL COME TO THE PROPOSED CRISIS CENTER WILL, IN OUR EXPERIENCE, BE AMONG THE MOST MEDICALLY AND MENTALLY COMPROMISED. THE VASE MAJORITY WILL BE INTOXICATED AND IN LATE AND SEVERE STAGES OF ADDICTION. THEY WILL NEED TO BE DETOXED BEFORE THEY CAN REALISTICALLY BE EVALUATED FOR MENTAL ILLNESS— THIS WILL REQUIRE MORE THAN 23 HOURS.

HOSPITALS FACE MANY REGULATIONS—AMONG THESE, IS A SERIES OF FEDERAL LAWS THAT REQUIRE HOSPITALS WHO OPERATE EMERGENCY ROOMS AND HOLD THEMSELVES OUT TO BE SUCH, MUST PROVIDE MEDICAL EVALUATION TO ALL WHO COME. WE UNDERSTAND PERHAPS BETTER THAN ANY, THAT THE PATIENTS WHO NOW PRESENT AT THE EMERGENCY ROOMS IN BILLINGS, ARE NOT CLEAN, WELL DRESSED OR CARRYING INSURANCE CARDS. THEY ARE FREQUENTLY DIFFICULT TO MANAGE AND MANY ARE IN THE FINAL STAGES OF ALCOHOLISM. THEY COME TO US THE SAME WAY. HOWEVER, THEY ARE STILL MEDICALLY COMPROMISED AND IN NEED OF SERVICES.

ONE OF OUR CONCERNS ABOUT THE PROPOSED CENTER IS THAT WE MAY BE TAKING A GROUP OF PEOPLE WITH SERIOUS DISABILITIES AND REMOVING THEM FROM MEDICAL SERVICES THEY NEED. IN FACT, WE MAY BE DISCRIMINATING AGAINST THIS VERY POPULATION. FOR THIS REASON THE AMERICAN PSYCHIATRIC ASSOCIATION, RECOMMENDS CRISIS EVALUATION AND TRIAGE BE DONE WITH EMERGENCY ROOMS OR COMPARABLE FACILITIES WHERE MEDICAL SCREENING CAN EASILY BE DONE. ATTACHING MENTAL HEALTH PROFESSIONALS TO AN ER TO COMPLETE A TRIAGE TEAM IS MUCH CHEAPER THAN OPENING UP A FOURTH EMERGENCY FACILITY WITHIN A SIX BLOCK RADIUS IN THE COMMUNITY. OR ATTACHING A MENTAL PROFESSIONAL TO OUR 24 HOUR MEDICAL AND DETOX SERVICES FOR THAT MATTER. THIS FACILITY AND PROGRAM MAY BE SHIFTING HOSPITAL COSTS ONTO THE COMMUNITY OR THE STATE. ALREADY THE ALLIANCE HAVE GONE

TO OUR COUNTY COMMISSIONERS SEEKING THE ALCOHOL EARMARK TAX FUNDS FOR THE PROJECT.

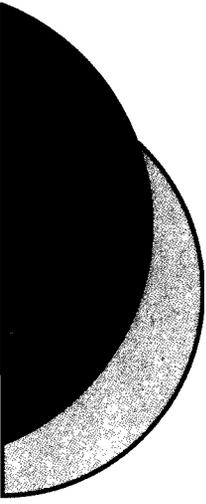
WHAT HAPPENS TO THE PATIENT'S WHO GO TO THE CRISIS CENTER? WHO WILL PROVIDE THE DETOXIFICATION MOST WILL NEED? WILL THIS FUNCTION BE DUPLICATED AS WELL? WHAT DOES ASSESSMENT MEAN? WHERE WILL THESE FOLKS GO ONCE THE 24 HOURS ARE UP? WHO WILL TREAT THEM? THE NEED IS VERY CLEAR IN OUR COMMUNITY THAT WE DO HAVE SUFFICIENT LOW COST ALTERNATIVE TREATMENT BEDS—AND NOT ENOUGH DETOX BEDS. WE WORRY THAT WITH THE FRANTIC RUSH TO FUND A CRISIS CENTER, THESE BED NEEDS WILL NOT BE ADDRESSED.

WHEN WE FUND DEMONSTRATION MODELS, THEY HAVE A WAY OF BECOMING PRACTICE WITHOUT SERIOUS EVALUATION. IS THE STATE GOING TO FUND THESE UNITS IN ALL THE OTHER COMMUNITIES IN MONTANA AS WELL? AND FINALLY, WE ARE CONCERNED THAT THERE ARE LAWS IN MONTANA THAT WE DO NOT WANT TO SEE CHANGED OR DILUTED WITH ADMINISTRATIVE RULES. THESE LAWS INCLUDE THE DECRIMINALIZATION LEGISLATION THAT CLEARLY CALLS FOR THE INTOXICATED TO BE TAKEN TO A LICENSED HOSPITAL OR A STATE APPROVED FACILITY WITH A MEDICAL DIRECTOR—IN OTHER WORDS, TO OBTAIN THE MEDICAL TREATMENT THEY NEED. TO DO LESS IS A STEP BACKWARD IN TIME. WE KNOW BECAUSE WE HAVE BEEN IN BUSINESS SINCE 1968 AND OUR DETOX UNIT WAS ESTABLISHED BECAUSE HOSPITALS DID NOT WANT TO ADMIT DRUNKS— NOT MUCH HAS CHANGED IT

SEEMS. IS THEIR LATEST ASSESSMENT MODEL COST-EFFECTIVE? IS THIS THE LEAST COSTLY WAY TO PROVIDE CRISIS INTERVENTION?

WE HAVE BEEN QUIETLY ADVISED NOT TO TESTIFY HERE TODAY OR DO ANYTHING TO CREATE OPPOSITION TO THIS PROPOSAL OR SUFFER UNIDENTIFIED CONSEQUENCES. PLEASE LET ME BE VERY CLEAR, WE ARE NOT OPPOSED TO THE ALLIANCE AND ITS EFFORT, WE SIMPLY FEEL THERE ARE CRUCIAL CONCERNS THAT NEED TO BE ADDRESSED:

- COSTS AND COST EFFECTIVENESS
- EVALUATION
- WHETHER OR NOT THIS MODEL WILL ADDRESS THE COMPLEX MEDICAL NEEDS OF THE POPULATION THEY WILL BE SERVING
- AND FINALLY, CAN WE BE SURE WE ARE NOT DISCRIMINATING AGAINST PUBLIC INEBRIATES AND THE MENTALLY ILL WHO NEED MEDICAL ACCESS RATHER THAN SIMPLY MORE ASSESSMENT SERVICES.



THIS EXHIBIT CONTAINS OVER 10 PAGES.
IF YOU WISH TO SEE A COPY, PLEASE CONTACT LISA AT
THE LEGISLATIVE REFERENCE CENTER AT 406-444-2957



Opportunities for Change

*Special Report to the
Children and Families Interim Committee
October 21, 2005*

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