

DeCunzo, Joyce

From: Shirley [ssurely!@worldnet.att.net]
Sent: Wednesday, October 19, 2005 5:11 PM
To: DeCunzo, Joyce
Subject: SJR41

Public testimony of Don Harr

If permissible, would you please request that someone read the following letter to the Committee at the hearing on Friday, October 21.

Chairman Schmidt, Members of the Committee, may I request permission for someone to read my comments regarding consideration of the Crisis Response System for Montana. I am Donald Harr, a psychiatrist from Billings. My intent was to present my comments in person; unfortunately circumstances that were unanticipated have arisen which require my presence in Billings at this time. My premise for recommending a Crisis Response System as an important and valuable asset for our state is based on two primary factors, benefit to the people involved and the logistics involved.

Having adequately trained crisis responders has been demonstrated as being less threatening to patients and others involved as well as providing greater safety for patients and the crisis workers. There is a more rapid evaluation and stabilization of the situation. That can allow for resolution of the crisis with avoidance of necessary hospital emergency room contact and/or hospital admission with preferred outpatient treatment as the alternative. Obviously hospital treatment is not always avoided, but even in those situations the admission is more easily accepted by the patient. In the years between 1991 and 2004 when I was practicing as locum tenens (temporary locations) in several other states, there was an opportunity to observe the benefits described in the locations that had crisis response teams.

The second factor includes financial cost, time and space. Hospital expenses are significant, whether emergency room, local hospital inpatient or Montana State Hospital are involved. The recent overpopulation in the Montana State Hospital and some community hospitals has created space and staff problems, which reflect fiscally also. Many of the patients involved are receiving Medicaid assistance which puts an additional burden on the state budget. Expense to counties is involved if involuntary commitment is necessary, both from initial hospitalization during proceedings and from transportation by sheriff offices. When the latter is necessary, that also is more difficult for patients.

Thank you for your attention. If there are any questions for me, please contact me by telephone at 248-8091 or online at ssurely!@worldnet.att.net.

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CHILDREN, FAMILIES, HEALTH & HUMAN SERVICES
 OCTOBER 21, 2005 MEETING

EXHIBIT # 7

10/19/2005