

HJR 16: State-Operated Institutions ***Montana Chemical Dependency Center***

Prepared by Sue O'Connell, Research Analyst
for the Children, Families, Health, and Human Services Interim Committee
September 2013

General Overview

The Montana Chemical Dependency Center (MCDC) provides inpatient treatment to adults who are dependent on alcohol or drugs and who, in general, have not succeeded in outpatient treatment. The majority of patients enter treatment voluntarily, but some are involuntarily committed to the facility by a court.

Operated by the Department of Public Health and Human Services, MCDC is a 50-bed, non-secure facility located in Butte. It can serve up to 30 men and 20 women, with 44 patient beds and six detoxification beds. Men and women are housed and treated on separate floors of the building. A common dining area is located in the basement of the building.

Licensed addiction counselors refer individuals for treatment and must submit a comprehensive application packet for each referral to demonstrate that the person meets the criteria established by the American Society of Addiction Medicine for inpatient treatment. To qualify for treatment, an individual must not only have a chemical dependency, but also a co-occurring mental illness or a medical condition requiring a higher level of care than can be provided in the community. Priority is given to women who are pregnant or have dependent children, to intravenous drug users, and to patients who are leaving hospital-based care or community-based detoxification treatment.

A waiting list usually exists for MCDC services. Women seeking admission may wait four to six weeks before an opening occurs; the waiting time for men is shorter.

In fiscal year 2012, MCDC provided treatment to 620 individuals, for an average census of about 41 patients per day.

The facility is slated to move later this year to a new location in Butte. Male and female patients will be housed in separate 16-bed units that have their own dining and living rooms. A third 16-bed unit will be used for intake, detoxification, and orientation.

Makeup of the MCDC Population

Nearly all MCDC patients enter treatment voluntarily. However in fiscal year 2013, two individuals were involuntarily committed to the center.

A person may be involuntarily committed if a spouse, guardian, relative, physician, or the chief

of an approved chemical dependency treatment facility files a petition and a court finds that the person:

- is an alcoholic who habitually lacks self control as to the use of alcoholic beverages;
- has threatened, attempted, or caused physical harm to another person; and
- either is likely to inflict physical harm on another unless committed or is incapacitated by the use of alcohol.

In addition, many of the patients who are at the facility voluntarily have an underlying legal issue for which a judge has ordered chemical dependency treatment. However, MCDC does not admit individuals who have been sentenced to the custody of the Department of Corrections. A person who is incarcerated at the time of application for admission must have completed his or her sentence or be on probation or parole before being admitted to MCDC.

A majority of MCDC patients have a co-occurring mental illness and receive mental health services as part of their treatment. The admissions process requires that an addiction counselor submit a biopsychosocial assessment for a person being referred to the center. A mental health disorder may be identified at this time or may be identified during the treatment process.

MCDC doesn't specifically track whether individuals at the facility would meet the criteria for a severe disabling mental illness (SDMI), the diagnosis generally required to obtain services in the state-funded mental health system. However in FY 2013, 18 patients were referred to MCDC from the Montana State Hospital — an indication of a higher level of need for mental health services.

Mental Health Services at MCDC

Mental health services available at MCDC consist of:

- psychiatric evaluation;
- individual and group therapy;
- education groups;
- psychiatric medication management; and
- lectures on topics related to mental health and recovery.

Although MCDC provides mental health services, it will accept a patient with a mental illness only if the patient's condition is stable enough to allow the person to participate in and benefit from treatment.

The facility has a staff of 54.25 FTE. Three full-time mental health therapists are on staff, licensed as either clinical professional counselors or clinical social workers. In addition, a physician monitors psychiatric medications.

MCDC Appropriation and Average Costs

House Bill 2 appropriated \$4.9 million in alcohol tax funds to MCDC for each year of the current biennium. The figures do not include pay raises or retirement adjustments made in other legislation in 2013.

MCDC is expected to serve an average of 41 individuals a day at a cost of \$331 per day, or slightly less than \$121,000 a year.

Length of Stay and Recidivism

The average length of stay for MCDC patients was 35 days in FY 2013. Although individuals are expected to complete their treatment and be discharged to community-based programs, a person may be discharged before treatment is completed if the person entered MCDC voluntarily and:

- decides to leave the facility against staff advice before discharge is recommended;
- engages in disruptive or threatening behavior or acts in a manner that interferes with the successful treatment of other patients; or
- has medical needs that cannot be met at MCDC.

A person who is involuntarily committed must remain at the facility until the commitment period expires unless the person is able to be discharged sooner. A judge may initially commit a person to MCDC for up to 40 days. The person may be committed for up to two additional 90-day periods if recommitment petitions are filed and the judge agrees that continued commitment is appropriate.

Thirteen of the 634 admissions in FY 2013 involved people who had been admitted previously that year. That number represents about 2 percent of the facility's admissions.

Sources:

- Interviews with and e-mails from the following Department of Public Health and Human Services staff members in July and August 2013: Addictive and Mental Disorders Division Administrator Glenda Oldenburg, Chemical Dependency Bureau Chief Joan Cassidy, and Montana Chemical Dependency Center Administrator Rona McOmber
- Montana Chemical Dependency Center Policy Manual
- Title 53, Chapter 24, Montana Code Annotated
- *2015 Biennium Fiscal Report*, Legislative Fiscal Division, June 2013, Table 33-C

CI0425 3241soxa.

