



MONTANA LEGISLATIVE BRANCH

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DATE: November 1, 2000

TO: Legislative Finance Committee

FROM: Senator Swysgood, Chairman
HJR 35 Study of Public Mental Health Services

RE: Final Recommendations

The HJR 35 study subcommittee (Subcommittee) met October 17 and adopted two additional bills for consideration by the Legislative Finance Committee (LFC):

- LC 9006 – a bill to allow the use of video teleconferencing in certain court proceedings dealing with mental illness and to provide for costs; and
- LC 9007 – a resolution to continue the study of the public mental health system.

Each of the bills is summarized.

LC9006

LC9006 would allow the use of video teleconferencing in certain court proceedings dealing with mental illness and provides for costs. This bill was requested in response to testimony by local law enforcement personnel, among others, who noted that persons with a mental condition frequently spend long hours being transported to a medical facility, including the Montana State Hospital (MSH), for stabilization and then a short time later (sometimes within 24 hours) are transported back to their local community for court hearings. This bill would allow courts to use video teleconferencing for certain hearings. MSH has a video conference hook up as do many medical facilities, particularly in eastern Montana, and one of the planned improvements for Montana courts is video teleconferencing capability.

In addition to use of video teleconferencing in court proceedings, the technology can be useful in providing access to psychiatric services. Hospitals are investing in video conferencing capability, especially in eastern Montana. Video conferencing can make medical services, especially specialty services such as psychiatry, more readily available to hospitals in rural communities. Currently, Medicare and Medicaid will reimburse for the cost of the video conference call. The Subcommittee directed staff to undertake additional research to determine whether the rate of reimbursement covers all or part of the video teleconferencing cost in preparation for the 2001 legislative session.

LC9007

Resolution LC9007 would continue the study of the public mental health system with representatives from the LFC and other appropriate legislative interim committees. Several interim standing committees of the legislature are considering study topics related to mental health services in the

2003 biennium. The interim committee that monitors Veteran's Affairs will look at access to psychiatric services in Veteran's Administration hospitals and a potential cost shift to state resources due to lack of access. The Law, Justice, and Indian Affairs Committee is interested in reviewing mental illness in the prison system. It is highly likely that the Interim Committee on Children, Families, Health and Human Services and the LFC will also continue to monitor and hear reports on public mental health services.

The bill directs that the study committee be a subcommittee of the LFC and that membership be drawn from each of the interim committees interested in reviewing mental health issues. Such a structure would provide the most efficient, most integrated and least duplicative approach to legislative consideration and oversight of public mental health services.

Subcommittee Declined to Recommend LC9002 for LFC Consideration

Although the Subcommittee considered LC9002, an act that provides for conditions for commitment to and revocation of a commitment to a community facility, program or course of treatment of persons with a mental disorder, it declined to recommend consideration of the bill by the LFC. While the HJR 35 study committee requested that interested persons with divergent opinions about LC9002 cooperate and prepare draft language to clarify several parts of LC9002, such language was not received. The bill or a form of it may be requested by individual legislators.

As considered by the Subcommittee, LC9002 is an act providing for conditions for commitment to and revocation of a commitment to a community facility, program or course of treatment of persons with a mental disorder. This bill:

- Clarifies in several sections of statute that judges have the authority to commit a person with a mental disorder to a community facility, program or course of treatment;
- Moves the section of statute governing administration of involuntary medication to a separate section without changing the wording of current statute;
- Clarifies that involuntary medication can be prescribed and administered as part of a commitment to community facility, program or course of treatment; and
- Provides for a process to revoke a commitment to a community facility, program or course of treatment and commit a person to MSH if the person has violated a condition of the commitment and the violation has caused a deterioration of the person's mental condition such that the person can no longer be served in the community.