

MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
January 21, 1981

The Human Services Committee meeting convened on January 21, 1981 at 12:30 p.m. in Room #103 of the Capitol Building with Chairman Gould presiding. All members were present.

HOUSE BILL No. 133

House Bill #133 was opened by Rep. Shontz, the sponsor. He explained that he was introducing the bill as a request of the Department of Health and Environmental Sciences (DHES). The main points of the bill are the limitation of powers of the Board of Visitors and the privacy of patients who have voluntarily committed themselves for mental rehabilitation.

PROPOSERS

DAVID BRIGGS, Executive Director of the Southwest Montana Mental Health Center (EXHIBIT I), explained that patients who have voluntarily committed themselves are supposedly able to leave an institution at will, but because of the powers of the Board of Visitors, may or may not be able to leave at will. He also feels that lack of confidentiality sometimes prevents some individuals from seeking the help they need. He distributed information entitled "Bill of Rights" (EXHIBIT II).

DAVID WASHBURN, of the Mental Health Department of Missoula, testified that file reviews by members of the Board of Visitors who lack adequate training, serve no purpose but violate confidentiality. They are also a duplication as many qualified reviews are made already, he said.

OPPOSERS

Al Bertelsen, Chairman of the Mental Disabilities Board of Visitors, spoke in opposition of HB #133 (EXHIBIT III). He stated that the Board of Visitors advocated humane and active treatment and protection of patients rights. Further, that it is the only review group which reports directly to legislators regarding status of mental health facilities. The Board also responds to grievances of patients. He also stated that there are two different types of voluntary patients, some of whom are not really "voluntary".

GERRY LANE, representing the League of Women Voters appeared in opposition to the bill.

JIM JENSEN of the Low Income Senior Citizens Group, spoke opposing HB #133, stating that some "voluntary" patients are not.

JAMES JOHNSON, an attorney, restated that "voluntary" status is sometimes really "involuntary". He said that in 5 years of working with patients, he had never been accused of violating confidentiality.

REP. METCALF, who originally was a sponsor of the bill, announced that he wished to withdraw as a supporter of the bill after hearing a different view of the system.

REP. MENAHAN also announced that he wished to withdraw his name. He objects to social workers reviewing mental health cases, and also to the money spent by the administration of mental health centers.

QUESTIONS

CHAIRMAN GOULD asked if the Board of Visitors had taken any action on the report that worms had been served to the patients at Boulder.

KELLY MORRIS, staffer for the Board of Visitors, stated that several violations of improper food serving and handling had been discovered and that they had been corrected. Dating of food and stock rotation has been instituted.

REP. DEVLIN asked why this was reported to the Board of Visitors rather than the Board of Health.

KELLY MORRIS stated that she just happened to be at Boulder at the time the "worm" incident occurred so she checked it out. The Board of Health investigated the matter also.

REP. WINSLOW asked who are members of the Board, and was told by Al Bertelsen that it is comprised of a staffer, consumers and professionals who are attached to the Governor's Office. He also stated that consultants are sometimes called in but having a \$100 limit for payment was sometimes a problem.

REP. WINSLOW then asked if the Board reviewed treatment plans for each patient. Mr. Bertelsen replied that it was always done.

REP. BERGENE asked about the time-lag problem between request for a review and a review being carried out.

MR. BERTELSEN stated that, if a lag was discovered, the review process was speeded up. He said there have been many more reviews since grievances have been allowed.

REP. SIVERTSEN asked what the budget was for the Board and was told by Mr. Bertelsen, \$41,000. He also asked if the "voluntary" status could be clarified.

REP. SHONTZ replied that he didn't realize there was a discrepancy until the hearing.

REP. WINSLOW asked Mr. Bertelsen what reviews the board made that were also made by other agencies. Mr. Bertelsen said he didn't know.

REP. KEYSER asked how the private health centers compared to Warm Springs. Mr. Bertelsen said the variation was from high quality to very unprofessional. One reason is that psychiatrists are not readily available in the rural areas. Deficiencies are handled by the Department of Institutions and also by the Governor's Office.

REP. BARDANOUE asked how patients at Warm Springs are chosen to be sent to the Lewistown Mental Health Center for the Aged. Mr. Bertelsen stated they are voluntarily moved.

KELLY MORRIS stated they were, in many cases, involuntarily committed to Warm Springs, but later were voluntarily committed to Lewistown. Some are senile.

REP. MENAHAN asked about the process of a voluntary patient requesting release. Mr. Briggs stated that a patient signs a request to be released, the institution has five days in which to decide whether or not to file a petition to have you involuntarily committed.

REP. MENAHAN then asked if Mr. Bertelsen was aware that some mental health centers are competing for contracts. Mr. Bertelsen replied in the affirmative. Mr. Washburn said it has become more and more necessary to go after these contracts. The institutions are supported by tax money and by fees collected from patients, but contracts reduce the tax money used.

REP. GOULD asked if the contracts were mostly in connection with alcohol treatment. Mr. Washburn stated family problems or alcohol problems were handled. One of the contracts in the Missoula area was with the school system handling teacher's problems, but that there are no contracts at present.

REP. MENAHAN asked what was the highest salary paid mental health personnel in Region 5. Mr. Washburn thought it was in the thirty thousand dollar range.

Members of the committee asked about the frequency and the agencies who inspected institutions. The Board of Visitors checks once a year and the Department of Institutions checks several times a year; a federal review team and the Department of Health also check.

REP. BARDANOUVE asked if these were reviews of patient progress or of overall plant management and facilities. Various agencies check various aspects of the institutions he was told.

REP. SIVERTSEN asked how confidential were the case reviews and was told by Mr. Bertelsen that only numbers, not names were used.

REP. SHONTZ stated that he sponsored the bill because of reported violations of confidentiality. Mr. Washburn said that many patients or potential patients object to the reviews and ask that no records be kept. The legality of this practice is of doubt.

REP. SHONTZ closed the hearing on House Bill #133.

HOUSE BILL NO. 167

REP. METCALF, sponsor of House Bill #167, opened the hearing on the bill. He presented the bill as a result of a request of the Montana Dental Association, and it is a one-word amendment to Montana Law, inserting "dentists".

PROPOSERS

ROGER TIPPY, a registered lobbyist for the Dental Association, stated this bill is being submitted as a request of the oral and maxillo-facial surgeons, as some insurance carriers are not reimbursing them for performing the same services as other medical professionals who are reimbursed.

STEVEN BLACK, an oral surgeon from Bozeman stated that there is clearly a need for this law.

OPPOSERS

There were no opponents to House Bill #167.

QUESTIONS

REP. DEVLIN asked why this wasn't designated as an "oral surgeon's" bill. Mr. Tippy said a definite type of dentist being named would exclude other dentists and this was not the intent.

REP. WINSLOW asked if dentists sometimes performed other medical duties other than dentistry in rural areas. Dr. Black stated "yes".

REP. METCALF closed the hearing on House Bill No. 167.

EXECUTIVE SESSION

HOUSE BILL NO. 96

REP. KEYSER moved that House Bill No. 96 DO PASS.

REP. BRAND asked about the powers to determine property transfer. Rep. Menahan also asked about "rebuttable presumption". Russ Josephson, legal counsel, stated that other provisions of the code would cover fraud, and the manner in which HB #96 is written would grant a person the right of appeal on the subject of transfer of property.

The motion was seconded and PASSED with the following committee members dissenting: Representatives Menahan, Brand, Manning and Gould.

HOUSE BILL NO. 127

REP. SIEFERT moved that House Bill #127 DO PASS. It was seconded and PASSED with Rep. Bergene voting no.

HOUSE BILL NO. 167

REP. KEYSER moved for a DO PASS.

REP. WINSLOW seconded the motion and it was PASSED UNANIMOUSLY. REP. MENAHAN moved to place HB #167 on the Consent Calendar. It was seconded and PASSED UNANIMOUSLY.

HOUSE BILL NO. 133

REP. MENAHAN moved that it DO NOT PASS. The motion was seconded and PASSED UNANIMOUSLY.

REP. BARDANOUVE felt the "voluntary" status should be clarified. He also felt the patients should have an advocate. REP. MENAHAN said it is also difficult to place persons in an institution.

REP. GOULD asked if the committee would like to do further research on the subject addressed by this bill and possible present a Committee Bill.

REP. BERGENE moved that the researcher look into the possibility of a committee bill which would more clearly define "voluntary" and "involuntary" commitments. It was seconded and PASSED.

The meeting adjourned at 2:30 p.m.



Rep. R. Budd Gould, Chairman

Let me begin by stating that I very strongly support the concept as outlined by HB133 that those persons who are involuntarily committed to a mental health facility should have a committee such as the Board of Visitors available to review and comment on their care and treatment. These individuals do not have the option to simply leave or discontinue treatment when they choose or when they become dissatisfied, as is the case of those persons who enter into treatment of their own volition. ^{The Bill also} ~~X~~ is, I believe, placing the emphasis of the Board of Visitors activities and responsibilities where they should be and where they are most appropriate. I also strongly agree with the bill's limiting of the Board of Visitors activities to only those areas relative to the involuntarily committed person. As presently stated, the powers and duties of the Board of Visitors, particularly as they relate to the five community mental health centers, are in my opinion, much too broad and inclusive with respect ~~to the reviewing of clinical files, for example,~~ ^{To} ~~X~~ those persons who voluntarily choose to seek treatment from a mental health facility, whether it is a community mental health center or the State Hospital. Persons who seek treatment on a voluntary basis can choose at any point in time to discontinue treatment or to leave the mental health facility or ^{group home} ~~housing~~ or whatever it might be if they become dissatisfied, don't agree with the treatment plan, or consider themselves to have completed the treatment. This is, of course, unavailable to those who are involuntarily committed. ~~The involuntarily committed do not have the same degree of freedom.~~

One of the most essential & crucial areas with regard to the treatment of mental illness has to do with the concept of confidentiality. Confidentiality of course being the right to privacy. Those persons who voluntarily seek mental health care are assured by us that the information about their care and treatment and whether or not they even are involved in treatment will be kept confidential. This is in fact a legal guarantee of the right of privacy. [✓] I'm sure you are aware, mental illness and the idea of going for help is still burdened with a stigma that it is not -- I repeat, not -- ok to go to get help. When a person

in need of help feels that they are not assured of that right of privacy, they don't seek out the help. The Board of Visitors has been but another group to which the mental health centers must open their files and not be able to give that assurance to our clients -- that assurance of right of privacy. I am again stating that I feel that the person who seeks help voluntarily should have the right of privacy and that the person who is seeking help voluntarily *and their records* is not the proper arena for the Board of Visitors.

I consider the Board of Visitors to be a classic example of duplication of effort. Again, this is most apparent with respect to the community mental health centers in the State. We, speaking of the five community mental health centers are presently reviewed by a number of agencies. *To cite a few -* We are reviewed by State authorities--the Department of Institutions--with regard to quality of care, treatment plans, humane facilities, adherence to State standards, etc. We are reviewed by federal authorities regarding the very same issues and concerns that the State authorities review us on. Plus, the *Feel* ~~State~~ authorities are concerned about whether the mental health centers are meeting the federal standards. We are reviewed by the Health Systems Agency (HSA) with regards to our program and whether or not we are meeting the needs of our clients. We are reviewed by the State Department of Health, again with regard to quality of care, quality of facilities, clinical records, etc. The Health Department is in fact drafting new rules and regulations for even more stringent reviews with regard to community mental health centers (--at the request of the State Council--). We are, finally, reviewed by the County Health Departments with regard to our facilities and whether or not they are meeting the *health* codes in the particular community. As I noted, we are subject to having our files reviewed by all these groups. All of the *se* reviews are duplicated by the Board of Visitors. This additional review is, of course, an additional expense which takes away from patient care. Finally, each Mental Health Center has a built-in patients'

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bill of rights and a patients' grievance procedure which is available to all clients. These are posted in public areas and handed out to the clients when they come for treatment. If a client has a concern, there is a mechanism available that he/she can use within the framework of the mental health center.

In summary, I obviously very strongly support the intent of HB133, limiting the duties of the Board of Visitors to only assuring that the treatment of the involuntarily committed patient is humane and decent. As I noted earlier, I feel the Board of Visitors review is a duplication of a number of reviews the mental health centers specifically have to go through every year. In addition, I feel that those persons who voluntarily seek mental health help have the right to

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didn't finish
on tape.

Know Your Rights in Treatment

Treatment: We want you to take part in every aspect of your treatment. You have the right: (1) to prompt treatment; (2) to a written plan of treatment; (3) to participate in making that plan; and (4) to understand just what the treatment is.

Confidentiality: Your records are confidential, and information about you can only be released with your signed permission.

Choice: We want you to help plan your treatment. You have the right to express your opinions and grievances. You may refuse to participate in any procedure or experimentation. You have the right to be free from discrimination.

What to do: You should be informed of your rights promptly when you start treatment. A complete list of your rights is posted on the bulletin board. If you have any questions, ask your therapist. If your therapist is unable to answer your questions, you may contact:

David W. Briggs, MSW
Executive Director
(406) 442-0310

BILL OF RIGHTS

Persons admitted to a mental health treatment or related services program or facility have the following rights:

1-the right to receive treatment and related services in a manner and setting that is least restrictive of such person's personal liberty, consistent with such person's treatment needs and applicable requirements of law;

2-the right to an individualized, written treatment or service plan, developed promptly after admission, and the right to periodic reassessment of treatment and related service needs, including appropriate recommendations for services which may be needed after discharge;

3-the right to participate in the planning and selection of treatment, services and providers to the extent of the person's ability, including a reasonable explanation in easily understood lay terms of the nature of the person's condition, the objectives, nature and significant side effects of recommended treatments, and any appropriate available alternative treatments or services;

4-the right not to be denied treatment in reprisal for the individual's exercise of rights or refusal to waive rights, except that no individual clinician shall be obligated to administer treatment which is contrary to his or her clinical judgment (NCCMHC and NASMHPD only);

5-the right to protection from harm, including but not limited to the right to freedom from unnecessary or excessive restraints or seclusion;

6-the right to refuse to participate in experimentation, including the right to a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative services, the potential discomforts and risks, and the right not to be denied appropriate and available treatment in reprisal for such refusal;

7-the right to confidentiality of mental health records in conformity with applicable confidentiality laws, and the right to access to his or her own records;

8-the right to receive treatment or services in a humane environment, including appropriate privacy in caring for personal needs, adequate shelter, food and clothing in residential facilities;

9-the right to fair compensation for labor performed primarily for the operation, maintenance or other benefit of the facility providing treatment services;

10-the right to communicate with appropriate privacy if in a residential facility with others from outside the facility, including convenient and reasonable access to the telephone, mail service and visitors during regular visiting hours;

11-the right to be informed of his or her rights promptly at the time of admission and periodically thereafter, in easily understood terms;

12-the right to exercise his or her rights and to assert grievances without reprisals, including the right to access to available rights protection programs within the facility or state mental health system and to the assistance of available attorneys or advocates of the program or facility in explaining, exercising or advocating such rights;

13-the right to be free from discrimination in housing, education, employment, and the use of public services and facilities, and to receive benefits to which the person is entitled.

HB133

EXHIBIT

15 Annette Park Drive
Bozeman, Montana 59715
January 21, 1981

Representative R. Budd Gould, Chairman
Public Health Committee
Montana State Legislature
State Capitol
Helena, Montana 59620

Mr. Chairman and Members of the Committee,

As the chairman of the Mental Disabilities Board of Visitors and a member since 1977, I have first hand knowledge of the activities of the Board and the role it has in protecting the rights and treatment of Montana's mentally disabled.

I speak today in opposition to House Bill 133. Given our legislative mandate, the Board of Visitors (comprised of consumers and professionals) advocates humane and active treatment and protection of patients rights. No other agency of the government does that. Certainly there exist other review groups, but none that evaluate mental health services from the view point of the consumer. Further, there are no other review groups, other than the Board of Visitors, which report directly to you as legislators regarding the status of the mental health facilities in the State.

I would like to address the following issues for your consideration. Concern must be expressed for those persons who "voluntarily" are admitted to mental health facilities. The Board, in interviewing many of these persons has found that they were often given no choice, or the choice was "sign a voluntary or commitment papers will be filed." Permit me to share a composite, but true example: a middle-aged person signs a voluntary admission form and goes to Warm Springs State Hospital. However, there is a court order that states if the person leaves the state hospital, the courts must be notified and it will consider recommitment. The fact that this situation is possible, makes one wonder if patient rights can be properly protected without some outside review group.

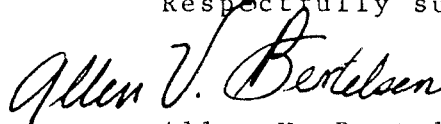
Further if a person voluntarily agrees to go to a mental health center what happens if the services do not meet their needs? Many people, especially the mentally disabled, do not have the financial resources or the appropriate insurance to seek alternative mental health care.

The Board has responded to the grievances (complaints and concerns about treatment and rights) of the voluntary patient, as well as the involuntary patient. To illustrate this, let me give you this example: A mental health center recommended that a client go to Warm Springs State Hospital. The client did not feel that this was needed. The mental health center requested that the county attorney file papers requesting a hearing for commitment. The Judge ruled that the requested commitment was inappropriate. Consequently the person went back to the mental health center requesting out-patient counseling. The mental health center refused treatment because the person did not comply with their original treatment plan, which was rejected by the judge. This same person does not have the financial resources to go to a private clinician. The Board of Visitors has aided this person in finding alternative professional services. The handout also provides statistical information, as well as other examples of the Board's findings.

As an advocate of patients' rights the Board has maintained the highest degree of professionalism, and jealously guarded patient confidentiality, patient trust and the patients' well-being. In order to fulfill the mandates of the law, the Board visits mental health facilities and reviews treatment services. A routine part of these visits is a random file review. The Board's random file review, a professionally accepted tool used to monitor compliance with state and federal law, involves the review of twenty (20) to forty (40) files, out of an active caseload of two hundred (200) to four hundred (400) files. As a result of our file review and a review of the facility, the Board of Visitors issues a report, which addresses both the accomplishments and the deficiencies of the reviewed facility.

The actual care and treatment of the Montana citizenry must remain a concern for all of us. The Board of Visitors is actively guaranteeing the right to treatment and the protection of human and legal rights. Maintaining the Board of Visitors is essential for the mentally disabled of the State. House Bill 133 seriously inhibits the work of the Board in protecting the rights of Montana's disadvantaged citizens. Thank you again for the opportunity to testify before you today.

Respectfully submitted,



Allen V. Bertelsen,
Chairman
Mental Disabilities
Board of Visitors

enclosures



STATE OF MONTANA
Office of the Governor
Mental Disabilities Board of Visitors

Thomas L. Judge
Governor

325 Power Block - Helena, Montana 59601
(406) 449-3955

RESPONSIBILITIES OF THE BOARD OF VISITORS

AS MANDATED BY MONTANA LAW

53-20-104 M.C.A.* and 53-21-104 M.C.A.*

- Board of Visitors shall be independent board of inquiry and review to assure that treatment of all (whether voluntarily or involuntarily committed) is humane and meets the requirements of this act.
- Board shall review all plans for experimental research to assure research is humane and not unduly hazardous.
- Board shall at least annually inspect facilities which provide treatment and evaluation. Shall inspect the physical plant, including residential, recreational, dining and sanitary facilities.
- Board shall annually insure a treatment plan exists and is being implemented for each patient. Board shall inquire concerning all use of restraints, isolation, or other extraordinary measures.
- Board may assist any patient in resolving any grievance he may have concerning his commitment or course of treatment.
- Board shall employ and be responsible for full-time legal counsel at Warm Springs.
- If Board feels any facility is failing to comply with the act, it shall report its findings to the director of the facility and the director of the Department of Institutions. If appropriate, after waiting a reasonable amount of time, the Board may notify the next of kin.
- Report annually to the Governor and each legislative session.
- May employ staff for the purpose of carrying out its duties as set in these chapters.

* Title 53, Chapter 20 = D.D. Act of Montana - Montana Codes Annotated
Chapter 21 = Mental Commitment and Treatment Act - M.C.A.

REQUIREMENTS OF THE ACT:

53-20-142 and 53-21-142 M.C.A.

Civil and legal rights are delineated in the above sections.

53-21-145 and 53-21-143 M.C.A.

Right to be free from unnecessary or excessive medication. At least weekly, an attending physician shall review the drug regimen. All prescriptions shall be written with a termination date, which shall not exceed 30 days.

53-20-148 M.C.A. "Right to Habilitation"

53-21-162 M.C.A. "Establishment of Treatment Plan"

These sections detail what an individual habilitation plan shall contain: long and short range goals; after-care plan; means for periodic review.

53-20-161 M.C.A. "Maintenance of Records"

53-21-166 M.C.A. "Records to be Maintained"

This section requires records to include identification data, evaluation, individual treatment plan; after-care plan; medication history and status; summaries of contact by professional persons and weekly progress notes; signed order for restraints; incident reports, etc.

53-20-101 "Purpose of the Chapter"

53-21-101 "Purpose of the Chapter"

1) To secure for each person such care and treatment (habilitation) as is suited to the needs of an individual; and to insure such care and treatment is skillfully and humanely administered with full respect for the person's dignity and integrity.

2) To accomplish this goal whenever possible in a community-based setting.

3) To accomplish this goal in an institutionalized setting only when less restrictive alternatives are unavailable or inadequate and only when a person is so severely disabled or mentally ill so as to require institutionalization.

4) To assure that due process of law is accorded any person coming under the provisions of these acts.

MENTAL DISABILITIES BOARD OF VISITORS

GRIEVANCE STATISTICS¹

Fiscal Year 1981
(through December 31, 1980)

Fiscal Year 1979

Fiscal Year 1980

Source of Referral:

Source of Referral:

Source of Referral:

Warm Springs 29

Warm Springs 52

Warm Springs 36

Boulder

Boulder

Galen

Mental Health 2

Mental Health 8

Eastmont

Legal Agencies 3

Legal Agencies 5

Mental Health 9

Parents/Family 7

Parents/Family 10

Legal Agencies 9

Citizen Advocate
(Governor's Office)

Citizen Advocate
(Governor's Office)

2

3

Other Agencies²

Other Agencies

14

Total

51

Total

101

Total

110

Average/month

4.2

Average/month

8.4

Average/month
(6 months)

18.3

Percent Increase
from FY 79

100%

Percent Increase
from FY 80

117%

Percent Increase
from FY 79

336%

Formal Action³

5

Formal Action

8

Formal Action

14

Informal Action

46

Informal Action

93

Informal Action

96

¹See sections 53-20-104 (6) and 53-21-104 (5) Montana Codes Annotated

²Other agencies include but are not limited to the Human Rights Commission and DD/Montana Advocacy Program

³Formal Action involves court action, and/or taking the grievances to the superintendent of a facility; the director of a mental health center or to the Department of Institutions. Informal action is defined as resolving the issue with the unit supervisor, cottage supervisor or other on-line staff.

MENTAL DISABILITIES BOARD OF VISITORS

Examples of Random File Reviews

1. A recent stroke victim, in their mid-forties, was diagnosed by a mental health center as severely mentally retarded. The Board's review of this case found that the diagnosis of mental retardation is not appropriate, nor was the subsequent placement at a facility for developmentally disabled.
2. Two reviewed cases at mental health centers indicated the primary reasons for obtaining services was pedophilia and sexual assault. Neither treatment plan addressed those problem areas.
3. No treatment plan was developed or documented for a teen-age client of a mental health center. An initial diagnosis of no mental disorder was later labelled psychosis, drug related or schizophrenia. There was no documentation of how this person was being treated, yet they had been a client for over two years.
4. A patient of a mental health facility was forced to sign a "contract" with the facility. The contract lists twenty-eight items which the patient will not do; violation of one of the components and the client "shall be put in the seclusion room without exception". The patient violated the contract and was placed in leather restraints for three days in their room. The facility violated the terms of their own contract (which was not dated or signed by any of the administration.)

1-19-81

HE 133

The Honorable Representative Metcalf
House of Representative Chambers
State Capitol
Helena, Montana 59620

Dear Representative Metcalf,

In reference to House Bill 133 amending Section 53-21-104-, MCA, concerning the powers and duties of the the Board of Visitors, I have read your bill and respectfully disagree with it.

Voluntary admissions need the same protection, care and assistance as involuntary admissions because of the question of how voluntary is a voluntary admission.

I recently requested and received assistance from the Board of Visitors concerning the committment of an immediate family member to an institution in the state of Montana. The family member was admitted to the mental institution by voluntary admission by court order. In other words, voluntarily commit yourself or else! So how voluntary is a voluntary admission.

Should a grievance arise against the institution by the patient in this case, the institution could reject the interference of the Board of Visitors in investigating the grievance by stating the patient "voluntary" committed himself should House Bill 133 pass. I don't believe this to be fair to the patient as this is certainly a case of an "involuntary" voluntary admission.

I realize the majority of the patients are or were not admitted by the procedures used in this case, but by passing this bill, you would certainly be depriving the many, many patients admitted by other voluntary admission methods of receiving the proper care and legal assistance they deserve. After all, they are citizens of the State of Montana and the majority of these people were no doubt wage earners and taxpayers for a portion of their lives, but something went wrong somewhere down the line concerning their mental status. Family members no longer wish to be bothered with them because they have a "mental illness" so they arrange a voluntary committment to a mental institution and forget them. Their mental disability is usually so far advanced that they can no longer live in society and do for themselves, but must be placed in a facility that will care for them and protect them from themselves and from society and in a lot of cases protect society from them. If these type of patients were admitted by "voluntary" admission forms and they signed their own names or made an X and had it witnessed, did they actually know what they were signing. I doubt it! I don't call that a voluntary admission. There is also the voluntary admitted patients that have no family members or legal guardians to look out for his or her rights. These people would be left out in the cold and forgotten if House Bill 133 is passed.

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Just for a minute, put yourself and the other members of the Public Health Committee in the place of a voluntary admitted patient that has a grievance against an institution. You have no family members to come to your aid and are without adequate funds to fight your case. Wouldn't you want and need someone such as the Board of Visitors to help you?

The Board of Visitors has certainly been of valuable assistance to me and my family and hope they will continue to be should the need arise again.

Thank you.

Lena Kettel
902 Shanta
Lena, W. 59601

III
~~IV~~

NAME Roger Tingo BILL No. HB 167
ADDRESS 30 S. 1st Chouteau Mall, Helena DATE 1-21-81
WHOM DO YOU REPRESENT Montana Dental Association
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Bill requested by American Assoc. of Oral & Maxillofacial Surgeons in all states; request endorsed for Montana by the MDA
2. Various other states have enacted such laws--in our region, Oregon & South Dakota.
3. Bill affects regulated carriers, not Blue Cross / Blue Shield. We can work out any problems with them by discussion; it's the out-of-state insurance companies who are the concern.

HOUSE **Human Serv.** COMMITTEE

Date _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

NAME

Al Bertelsen

BILL No.

HB 133

ADDRESS

#15 Gunette Park Drive

DATE

1-21-81

WHOM DO YOU REPRESENT

Chairman, Board of Visitors

SUPPORT

OPPOSE

X

AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

VISITORS' REGISTER

HOUSE

Human Serv. COMMITTEE

BILL

SPONSOR

Date

1-21-81

NAME

RESIDENCE

REPRESENTING

SUPPORT

OPPOS

- JUDITH H. CARLSON

SRS

X

DAL Smilie

SRS

X

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

HOUSE *Human Serv.* COMMITTEE

FILE **HB 167**
FOR **Metcalf**

Date _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.