MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

February 6, 1987

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Dorothy Eck on February 6, 1987 at 1 P.M. in Room 410 of the State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF HOUSE BILL NO. 114: Rep. Kelly Addy, district # 94, stated that the purpose of the bill is to limit representation on a regional mental health board of directors to counties that participate financially. Four counties at this time are not participating and have not asked to; and this is a good time for this bill.

PROPONENTS: Steve Waldron, Community Mental Health Centers, stated that mental health resources are centralized in the major cities/regions of the state, so they are not a county but a regional system. Since four counties don't participate, the bill is designed to ensure that the counties that do participate have control of the boards. Exhibit # 1.

John G. Nesbo, Executive Director of the Billings Mental Health Center, feels strongly that control of the mental health center boards should be with those counties that support the boards financially. If they don't pay, they should not vote.

DISCUSSION OF H.B. 114: Sen. Williams: How are the regional mental health boards financed?
Steve Waldron: The fees come from several sources - County funds, fees from patients, third party reimbursements, contracts with the state of Montana for target populations, federal and private grants, and local government contributions.
Sen. Williams: Does this bill deny anyone the use of state and federal funds.
Rep. Addy: No.
Sen. Norman: Are the sliding scale payments one/third by insurance, one/third by federal funds?
Steve Waldron: No, there has been a drop off in federal funds, so there is more use of state general funds and all other funds. Counties can be authorized to levy one mill, if necessary, to pay for services. Eastern Montana recently doubled its contribution to keep its system afloat.

Rep. Addy closed by asking for favorable consideration for H.B. 114.

CONSIDERATION OF SENATE BILL NO. 251: Sen. Pat Regan, District # 47, sponsor of S.B. 251, stated that the purpose of the bill is to place one consumer and one member of a consumer's family on the Mental Disabilities Board of Visitors and the Regional Mental Health Corporation Boards, increasing the size of the boards by two members. The bill does provide for coping with the multi-county structures by the drawing of lots.

PROPONENTS: Tom Posey, Executive Director, Montana Mental Health Consumers Advocacy Project, testified that he is a consumer representative and has been treated for 'serious mental illness'. The treatment of mental illness involves four groups, the primary consumer, the family, the professional, and the concerned citizens. Before the advent of modern drugs, which now allow a patient to function normally in society, the tradition that professionals and concerned citizens speak on behalf of the mentally ill was established. That is no longer necessary; and, in fact, the number one consumer is one of the best qualified to comment on the quality of mental health care. These people and their families are the ones who can present a unique, first-hand experience on quantity and quality of care and can be the most accessible people to suffering peers, with whom they would share a common bond. At this time many families and clients feel isolated from boards. It is also the goal that patients once again become responsible members of society, and it follows that they should have some responsibility for overseeing the institutions that are providing treatment. It is stigmatizing to consumers to tell them that they are well enough to work and pay bills, but not well enough to sit on boards. And the mentally ill, who pay tax dollars, have a right to say how those tax dollars are spent. The bill acknowledges that the mentally ill do recover and can have an active role in their own destiny. The bill is one of limited empowerment, does not seek to take control, and puts consumer advocates on the board, similar to other boards. The cost is not enough to defeat the bill.
Exhibit # 2.

Suzanne Taunt, Montana Alliance for the Mentally Ill, stated that it is important for the primary and secondary consumers to be represented on the board, because they know better than anyone the care that the mentally and families need.

Barbara Garrett, Montana Mental Health Consumer Advocacy Project, stated that she is the victim of mental illness and gets good professional care. The experience has given her and her family knowledge of what works and what doesn't work and knowledge of what needs to be changed. The system provides no voice for this now, and only by happenstance, are some consumers placed on the boards. There needs to be this mandate to place the primary and secondary consumers on the board to improve what is now in place.

Joy McGrath, Mental Health Association of Montana, supports the two consumer positions on the five regional mental health corporation boards and the concept that consumers have a more active voice in boards that deal with mental health issues. They do propose two amendments, one that a primary consumer ("a person willing to publicly acknowledge that he is or has been treated for a chronic mental illness") be added; and second, that a secondary consumer (a family member of a primary consumer) fill one of the currently designated positions.

Jane Campbell, Secretary, Montana Alliance for the Mentally Ill, stated that consumers do need a voice, even though there are some financial ramifications.

Cliff Murphy, member of the Montana Mental Health Association, supported having these consumers on the boards. He has schizophrenia and has needed courage to try himself out. Part of the healing process is to stand for themselves in public positions. It is very therapeutic. He introduced the twenty-three primary and secondary consumers at the hearing in support of the bill.

Kelly Moorse, Executive Director of the Board of Visitors, stated that the Boards are appointed by the Governor. She stated that she reviews institutions for the Developmentally Disabled and is concerned that they be represented. She is also concerned fiscally about the $1700 for board members and whether this will hurt on-site reviews. She stated that the language of the bill is not all appropriate to the Board of Visitors.

OPPONENTS: Steve Waldron, stated that the bill makes a radical departure from the ways the current boards are operated. The bill seems to require that two of the counties in each mental health region must remove two current members and appoint two new special category members. S.B. 251 also seems to remove local control and may encourage some counties to drop out of the regional mental health system. The bill is also discriminatory in that it calls for representation only from the chronically mentally ill, which term is not defined clearly in the bill or other law; these boards must also represent the developmentally disabled and some alcoholism treatment centers, so if the logic of the bill were followed, it would be necessary to include representation from these groups as well, increasing board size by as many as six members. Exhibit # 4.

Confidentiality is another issue raised by this bill, which requires that a person must publicly announce that they are are or have been mentally ill. The parent must also announce publicly that they have a family member receiving treatment. A second problem is that the Board of Visitors has access to the confidential files of patients in facilities; and it may not be wise to allow access to a person who is mentally ill. Cost is another consideration with more money needing to be appropriated to the Board of Visitors or less work being done.

The bill is confusing in several places in language as well as intent. The Federal guidelines section is confusing as is its description of the jurisdiction of the Board of Visitors. Methods of choosing board members is confusing; do boards have to throw off two current members? The boards now operate under state guidelines, not federal. Efforts should possibly lie in interested persons approaching county commissioners for appointment. Exhibit # 5.

Harold E. Gerke, Chairman, Montana Regional Mental Health Boards, opposes the bill because there has been no demonstrated need for these board members around the state. The board meetings are open to discussion and appointments are open from county commissioners. He also stated that the lines on federal guidelines are confusing and misleading, and the bill does not address the needs of other mentally ill groups. The law suggests that local county commissioners govern boards, when they merely finance management for all types of people. It is not necessary to provide this particular avenue or added expense. There are also mental health advisory boards in communities for these people to serve on.

David Briggs, Region IV Mental Health, stated that people now have access to current boards, and he has never had a group come in to ask to address the governing board. The process is open now for people to do that.

Clark Anderson, Region V, Missoula, stated that rather than the selection by lots, he would rather see selection based on credentials. Statistically, only four percent of patients are chronically mentally ill, so they are a small minority of those being served. He also has had no requests from people to appear before his board.

Bill Warfield, stated that he has many individuals and expertises represented on his board and feels that he has consumers now and that the system works. He would dislike seeing privacy violated.

John Nesbo, Director, Mental Health Center, Billings, stated that people can request appointments and probably have a chance to serve. Increasing the membership one special interest group could open the door to all other special interest groups, which could lead to an excessively large board. A larger board would present logistical difficulties in meeting space and visits to M.H. centers; and if there are groups represented in authority on the board but not participating in funding, the counties may see reason to decrease their financial support.

Dick Hruska, Region II Mental Health Centers, stated that Montana's system has been responsive to client and community needs and that the additional costs to boards would be taken away from client care.

Scott Mangel, Golden Triangle Mental Health Board, stated that they now try to appoint people who are responsive to client needs and have a direct interest. He also doesn't find consumers attending board meetings.

Paul Braut, Region I Mental Health Center, stated that he opposed the bill.

DISCUSSION OF S.B. 251: Sen. Jacobson: Can you explain the Federal Guidelines?
Sen. Regan: The Federal Guidelines are listed on Page 3, Lines 16-22.

Dave Anderson: That may be old legislation that has been dumped. These are now private non-profit corporations.
Karen Renne: In May, 1986, there was a new federal law on protection of the mentally ill.

Sen. McLane: Explain the organization of the boards - county, state and regional.
Steve Waldron: The state is divided into five regions or corporations and the counties do not need to participate. Each county appoints one to the regional corporation and each county has an advisory commission.
Sen. McLane: Do you reflect the feeling of the county commissioners or the state?
Scott Mangel: I haven't talked to any county commissioners who suport the bill.

Sen. Eck: In what proportion do county commissioners serve on the boards now?
Steve Waldron: It varies from region to region; at least two have consumers, and consumers are on advisory boards. Some have county commissioners in control, some more than others.

Sen. Regan stated in closing that there is a great deal of opposition to fairness and people should come to the legislature for redress. These people are asking you to do something reasonable, to put someone on a board who understands a problem. The county commissioners are good administrators, but it does not follow that they understand the problems of dealing with the stigmatization of mental illness. The bill is neither poorly drafted, ill conceived nor unconstitutional.

RECONSIDER ACTION ON S.B. 185: Sen. Williams moved that the committee reconsider its do pass action on S.B. 185 because the bill needs some additional amendments. The move to reconsider passed unanimously. Sen. Williams then presented the amendments, which were further explained by Doug Blakelee. He stated that the nursing home workers feel that they are important. Sen. Williams moved that the amendments do pass.

Sen. Himsl: How many ombudsmen are employed by agencies on aging?
Doug Blakelee: There are a total of 45; some are for more than one county. Most are volunteers, but they are designated by the state program and they solve the more minor problems. A local ombudsman spends two-three hours a month, but some spend ten hours a week. The question was called and the motion carried unanimously.

Sen. Hager: Should this person be attached to the governor's office?
Sen. Williams: I can't see where that change should be necessary in the bill.
Karen Renne: This person does not visit agencies licensed by SRS.
Sen. Williams moved that S.B. 185 DO PASS AS AMENDED. Nine senators voted for the motion; Sen. Himsl voted no.

ACTION ON SENATE BILL NO. 120: Sen. Himsl moved that the amendments be adopted. The motion carried unanimously.
Sen. Himsl moved that S.B. 120 DO PASS AS AMENDED. Sen Meyer asked if the chemical dependency counselor should be amended out.
Sen. Jacobson: No! The sponsor wants that in.
The motion to pass carried unanimously.

ACTION ON SENATE BILL NO. 17: Senator Eck reminded the committee that the money to pay for the position is requested from the Federal Government; SRS also has someone already on board who can fill the position and the tribes can nominate later.

Sen. Himsl: What about the co-operative agreement with the tribes? If these tribal agreements are negotiated, then the tribes can apply for some of the monies.
Sen. Eck: But this person will work with the children whose jurisdiction hasn't been established and who are not eligible for tribal monies.

Sen. Williams moved that the bill receive a DO PASS. Senators voting yes were Eck, Norman, Williams, Vaughn, Jacobson, and McLane. senators voting no were Meyer, Rasmussen, Himsl, and Hager.

The meeting adjourned at 3 P.M.

Dorothy Eck
CHAIRMAN

ROLL CALL

Public Health, Welfare and Safety COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 2-6-87

NAME	PRESENT	ABSENT	EXCUSED
Dorothy Eck	X		
Bill Norman	X		
Bob Williams	X		
Darryl Meyer	X		
Eleanor Vaughn	X		
Tom Rasmussen	X	-	
Judy Jacobson	X		
Harry H. "Doc" McLane	X		
Matt Himsl	X		
Tom Hager	X		

Each day attach to minutes.

DATE 2-6-87

COMMITTEE ON Senate Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Harold E. Cooke	Mont M. H. Council	251		X
Dick Hruska	Region II Mental Health Center	251		X
Scott Mangold	Region II Mental Health Center	251		X
Steve Waldron	Mont. Council Mental Health Ctr	251		X
Bill Warfield	Chm. Reg. II Mental Health Ctr	251		X
Lucy Griffith	Family Connection	120	X	
H. Clark Osborne	Region V MHC	251		X
E. L. Heard	D & A Coordinator Butte	120	1	
John L. Nesbo	Mental Health Center Billings	251		X
Mary Veeck	Region II MHC	251		X
Jay McGrath	Mental Health Assn MT	251	Concept	
Edward Bruggeman	Region II Mental Health	251		X
Paul Brant	Region I Mental Health	251		X
Steve Waldron	MT Council MH Ctrs	114	X	
Suzanne Taunt	Mt. Alliance for the Mentally Ill	251	X	
Dolores Berg	Alliance for the Mentally Ill	251	X	
Chris E. Berg	Alliance for the Mentally Ill	251	X	
Lucy M Roberts	A New Beginning - Ilsta	251	X	
Laura M. Riedel	a New Beginning Missoula	251	X	
Jane L. Campbell	Montana Alliance for the Mentally Ill	251	X	
Lowry Risdahl	A New Beginning in Mental Health	251	X	
Marvin Thompson		251	X	
Pat Jan	Montana Alliance for the Mentally Ill	251	X	
Lon Roy	MT Mental Health Community Project - Billings	251	X	
Barbara Barrett	MT Mental Health Community Project Advocacy	251	X	
John L Nesbo	Mental Health Center Billings	114	X	

(Please leave prepared statements with secretary.)

Supporters of SB 251

Jaime Porter Helena AMI 251 Support

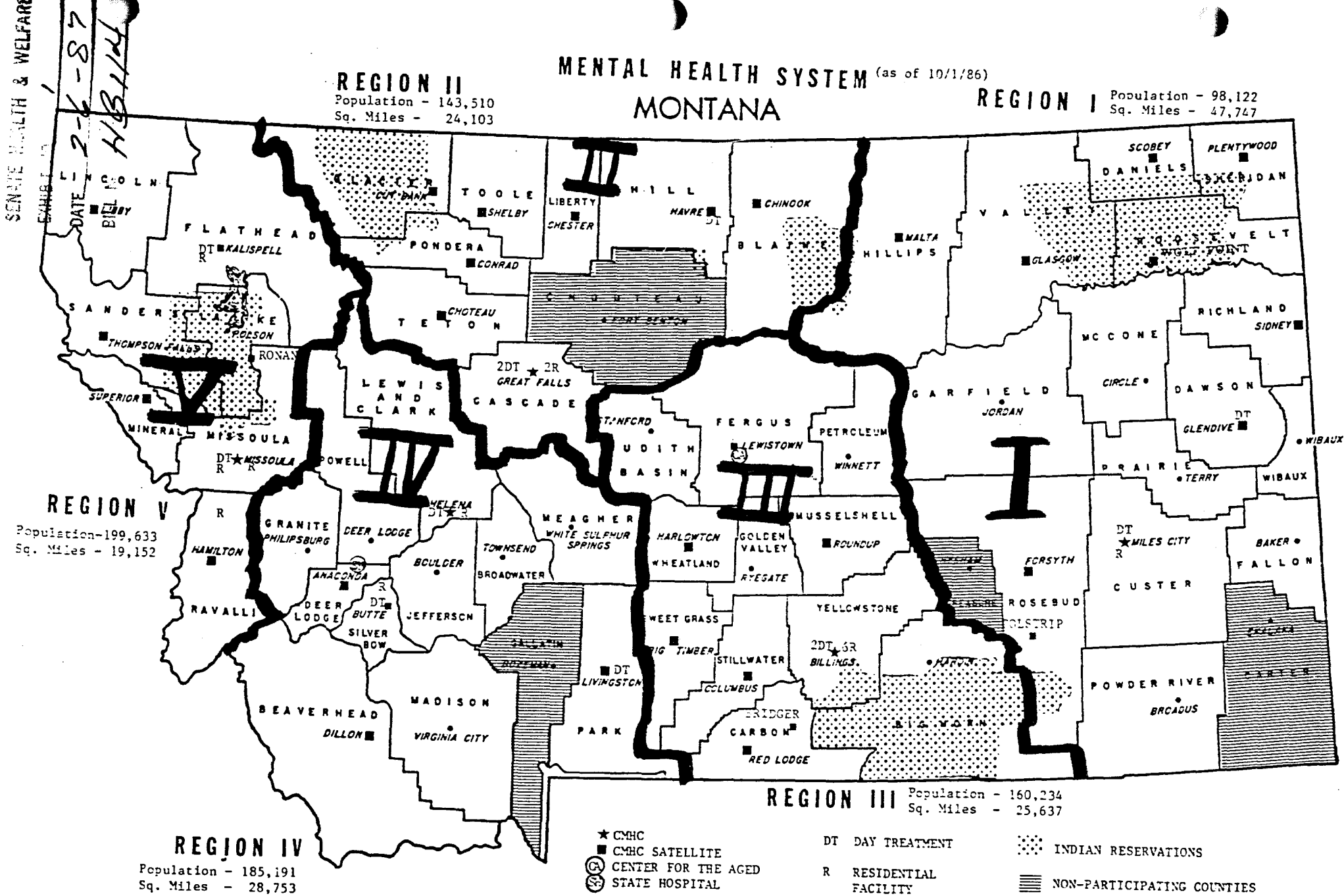
Dorothy Salmonsen Missoula AMI 251 " "

MEL Howk Bozeman Support SB 251 !

Harriet H. Humes Missoula AMI Support SB 251

SENATE HEALTH & WELFARE
DATE 2-4-87
SB 111

MENTAL HEALTH SYSTEM (as of 10/1/86)
MONTANA



SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 2-6-8
BILL NO. SB 251

MONTANA MENTAL HEALTH CONSUMERS ADVOCACY PROJECT, INC.

17 WEST MEADOW
BILLINGS, MT 59102
(406)656-4309

Madam Chairman and members of the Committee:

My name is Tom Posey and I am the Executive Director of the Montana Mental Health Consumers Advocacy Project. I am also a national officer in the National Mental Health Consumers' Assoc.; active in many mental health organization, on the State, Regional and National level, as a consumer representative and have been diagnosed and treated as having a 'serious mental illness'.

There are four distinct and seperate groups involved in the issue of mental health; the primary consumer, whose vested interest is their life; the family or the secondary consumer, whose vested interest is the concern for a loved one; the professional or caretaker; whose vested interest is their livelihood and careers and the concerned citizen, whose vested interest is a social concern. Because of these vested interests, each has the right to its own positions but, in no case, is any one of more importance than the others.

Unfortunately, tradition has established the practice of expecting the professional and, to a lesser extent, the concerned citizen to speak out for the needs of both the primary and secondary consumer. This is a practice that is not necessary, is stigmatizeing to those being spoken for and the thing that this bill is intended to remedy.

EXHIBIT NO. 2
DATE 2-6-87
BILL NO. SB 351

Previous to the early seventies, the practice of 'Parental Pyschiatry' was the accepted treatment as little more than being a caretaker was all that was available. With the advent of Lithium, Thorazine and many of the other psychotrophic medications the situtation changed dramatically and more and more began to recover. Institutions were able to reduce their populations and persons, who only a few short years before would have been hidden away in locked wards, were able to return to community living and reestablish themselves as productive members of society. They no longer need someone to speak for them as they ~~are~~ became able to do it for themselves.

Today, persons afflicted with a mental illness can and do recover, Medical technology, currently available, may be limited as to understanding the cause of such illness but, regardless of the limitations, treatment allows many so afflicted to fully recover and enables the vast majority to live productive lives. It is the responsibility of society to provide the environment in which this productivity can be achieved.

Why should consumers, both primary and secondary, be members of governing boards? There are four major reasons and I shall take each one of ~~the~~ them individually.

Primary and secondary consumers have a unique perspective of mental illness that needs to be heard and considered by those responsible for the care of the mentally ill. The professional can present a perspective baised on research, theory and observation. The concerned citizen can present the concerns of society in general. But, it is the consumer, both primary and secondary, who knows the illness from direct experience. They have lived with it, known first hand the despair that it can cause, felt

the effects and side-effects of medication and carried on the search for proper treatment and living conditions. No one knows the full aspect of suffering than does the family member who has watched a love one go through the agony and torment that this illness can cause. No one can fully understand the hearing of voices unless they have first heard them themselves. These are the perspectives that the consumers will bring to the governing boards and, if not heard, leave a major void in the treatment offered. They, and they alone, are the best qualified to comment on the quality and quanity of mental health services.

If a family member and a direct consumer are not members of the governing board then peer accessibility is limited. If a client has a legitimate concern about what is being done for them, it is much easier for them to go to someone whom they know will have something in common than to a total stranger. I know, from personal experince, that a primary consumer will talk to me before they will talk with their own therapist only because of the peer relationship. This same peer relationship exists between family members. If any board is going to function as effectively as possible it must be accessable and the family and consumer member will only facilitate this accessability. At this time most staff feel that they have access to the board but many, many families and clients feel totally isolated.

Any professional will tell you that one of their functions is to help their clients become responsible. They are expected to be responsible for maintaining on their treatment plan; they are expected to be responsible for paying for the treatment they receive. Does it not then follow that they should have some responsibility in overseeing those insitutions that are providing the treatment? Families are also expected to be responsible,

often far beyond their means. Are they not then responsible for seeing that the treatment available is adequate, proper and cost efficent?

Nothing is more stigmatizeing than telling a primary or secondary consumer that they are well enough to work and pay their bill but not well enough to serve on the governing board. It is nothing more or less than a repetition of that outmoted idea that 'we know what is best for you, reguardless of what you think'. If we are expected to pay taxes then we have a right to some voice in how those taxes are spent. And a majority of the money spent on the treatment of the mentally ill comes from taxes. But even beyond the issue of fairness, this bill, if passed will acknowledge that mental illness can be treated and that people that have had the illness can recover and have an active voice in their own destiny. If we are not willing to say that then we must sadly admit that the millions of dollars that we have spent on treatment has been waisted and that instead of spending money in the communitty mental health centers we should be enlargeing Warm Springs.

This bill is not intended to take control away from anyone. Two additional members on the various boards could never do that. Rather it is a bill of limited empowerment given to two vested interests that are at this time basicly powerless. It is no new and innovated idea. The federal government now requirers a family member and a direct consumer on all boards that oversee the spending of federal grant money. The new mental health protection and advocacy act mandates a board that is 50% or more family and direct consumer members. What we are asking for is reasonable.

This bill would not take the local control away from the regional mental health centers as the Chairman of those Boards would be the one who would appoint the two members-at-large and one would assume that they would not appoint someone who was not a resident of the region. Yes, there would be some cost involved but I do not think it great enough to greatly impact any program. To defeat the bill on the basis of cost would be tantamount to putting a price tag on the value of a consumer and, if that is the case, then the same price tag should apply to all other members of the boards.

U.S. Rep. Waxman, when making a presentation on the P & A bill stated 'it is only right that consumers and the family members of consumers should have an equal voice in all matters pretaining to the care and treatment of the mentally ill' (Testamony in House conference report, May 13, 1986) Judge Gordon R. Bennett stated in a letter to me dated Dec. 19, 1985 'I can't think of a consumers group in America that is less well represented than those you have become involved with in the mental health system'. Senate Bill 251 is the first step in addressing these concerns

Mental Health Association of Montana

A Division of the National Mental Health Association

State Headquarters
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SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 2-6-87
BILL NO. SB 251

2/6/87

SB 251

The MHAM supports the two consumer positions on the five regional mental health corporation boards as proposed in SB251.

We strongly endorse the concept that mentally ill consumers and their family members have more direct and active voices in boards that deal with mental health issues.

We do, however, recommend amendments to SB251 as it relates to the Mental Disabilities Board of Visitors. The following amendments would add one primary consumer ("a person who is willing to publicly acknowledge that he is being or has been treated for a chronic mental illness"). They would further make it clear that there be a secondary consumer (a family member of a primary consumer) filling one of the currently designated positions.

Page 1, line 15:
Strike: seven
Insert: SIX

Page 1, line 19:
Following: a
Insert: family member of a consumer who is

Page 1, line 23:
Strike: seven
Insert: SIX

Page 2, lines 2 and 3:
Strike in their entirety

Page 2, line 11:
Strike: two
Insert: ONE

We urge DO PASS AS AMENDED on SB 251.

Thank you.

Joy McGrath
Public Policy Coordinator

Currently Montana's mental health system has eleven day treatment programs and eighteen residential facilities. Most are located in the major cities of Montana. In a rural state like Montana, it is usually more cost efficient to locate most of the human services in an urban area and provide coverage to a large rural area. Table 2 lists the day treatment programs in the state and indicates the population of the county in which each program is located. Table 3 lists the residential programs and also the population of the county in which each is located. Many of the individual programs serve multi-county areas.

TABLE 2

DAY TREATMENT PROGRAMS IN MONTANA

Day Treatment Program Name	Location	County Pop.
Region I		
Glendive Day Treatment	Glendive, Mt.	12,500
Miles City Day Treatment	Miles City, Mt.	13,400
Region II		
New Directions	Great Falls, Mt.	80,900
Havre Day Treatment	Havre, Mt.	18,600
Region III		
Rainbow House	Billings, Mt.	116,800
Acute Day Treatment	Billings, Mt.	116,800
Region IV		
Mountain House	Livingston, Mt.	13,500
Silver House	Butte Silver Bow, Mt.	36,200
Montana House	Helena, Mt.	45,100
Region V		
Lamplighter House	Kalispell, Mt.	53,200
River House	Missoula, Mt.	75,600

(Population estimates from Montana Statistical Abstract 1984)

TABLE 3

RESIDENTIAL FACILITIES IN MONTANA

Residential Program	Location	Count Pop.
Region I		
Clark Street Inn	Miles City, Mt.	13,400
Region II		
Passages	Great Falls, Mt.	80,900
Langel House	Great Falls, Mt.	80,900
Gateway House	Great Falls, Mt.	80,900
Region III		
Group Home I	Billings, Mt.	116,800
Group Home II	Billings, Mt.	116,800
Group Home III	Billings, Mt.	116,800
Women's Co-op	Billings, Mt.	116,800
Men's Co-op	Billings, Mt.	116,800
Co-ed Co-op	Billings, Mt.	116,800
Region IV		
Gilder House	Butte, Mt.	36,200
T House	Helena, Mt.	45,100
Region V		
Harbinger House	Kalispell, Mt.	53,200
Kalispell Trans II	Kalispell, Mt.	53,200
Eddy House	Missoula, Mt.	75,600
Bridge House	Missoula, Mt.	75,600
Missoula Trans II	Missoula, Mt.	75,600
Genesis House[12]	Stevensville, Mt.	24,000

(Population estimates from Montana Statistical Abstract 1984)

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12 Genesis House contracts with the Region V CMHC to provide residential services

SE ...LTH & WELFARE
EXH... 5
DATE 2-6-87
BILL NO SB 251

SB 251

LOCAL CONTROL

Mental Health Centers are private non-profit corporations under the direction of a governing board appointed by county governments. Participating county governments in a mental health region contribute funds to assist in the operation of the Centers.

The bill seems to require that two of the counties in each mental health region must throw their current board members off the board and appoint some special category of board representatives.

SB 251 removes local control and decision making. This removal of local control may encourage some counties to drop out of the community mental health system.

OTHER CONSUMER REPRESENTATIVES

The mental disabilities board of visitors has responsibility for not only mental health facilities but also developmental disability (DD) facilities.

Following the logic of the bill in requiring consumer representation it would also be necessary to add a DD consumer and the parent of a DD consumer. This would mean four additional board members.

Several of the Mental Health Centers have alcohol treatment services. Once again if the logic of the bill is followed it would be necessary to add someone who is or has been treated for alcoholism and the parent of such a person.

DISCRIMINATION OF CERTAIN CONSUMERS

SB 251 requires that the consumer suffer from one form of mental illness, chronic mental illness. This discriminates against those who are being treated or have been treated for other forms of mental illness. The bill implies that those afflicted with chronic mental illness suffer more than victims of other mental disorders.

CONFIDENTIALITY

The bill raises two issues about the breach of confidentiality:

SB 251 requires that one of the additional board members publicly announce that he/she is or has been mentally ill. The other board member must be a parent of a child who publicly announces that he/she is or has been mentally ill. This does not protect the privacy of the patient or the parent.

EXHIBIT 5
DATE 2-6-87
BILL NO. SB 251

The second confidentiality issue involves the nature of the Board of Visitors. The Board of Visitors has complete access to the confidential files of patients in mental facilities and DD facilities. All the board members have access to those confidential patient files. Because of the nature of the disease, it may not be appropriate to allow access to someone who is chronically mentally ill.

COST

Adding two additional board members to the Board of Visitors will increase the cost of operation of the board. Either more money will have to be appropriated to the Board of Visitors or less work will be done by the Board of Visitors.

Additional board members on the governing board of a mental health center would increase the cost of operation of that board.

TECHNICAL PROBLEMS

The language changes in SB 251 are confusing and ambiguous. The intent of the bill is not clear.

SB 251 refers to "chronic mental illness". Nowhere in the bill or in state law is there a definition of the term "chronic mental illness". The Department of Institutions and the Board of Visitors would have to establish rules to define "chronic mental illness". It is possible that each agency would have a different definition of "chronic mental illness". In addition, no statement of intent is attached to SB 251.

The language on page 2 lines 10 through 12 is not clear as to its intent. The Board of Visitors jurisdiction includes all 56 counties in Montana. Does this mean that the Board is a "multi-county" board?

On page 3 lines 16 and 17 there is a reference to federal guidelines. The regional mental health corporations are private non-profit corporations which operate under a state charter. What are the federal guidelines for "regional mental health corporations" and their appointment of board members?

The first method of choosing the at-large board members requires that the chairman appoint two additional at-large board members. The second method requires counties to draw lots to determine the at-large board members. Does this mean that two counties must remove their current board members and replace them with two at-large members?

v2:sb251.87

MENTAL HEALTH CENTER
1245 North 29th Street
P.O. Box 219
Billings, MT 59103-0219

SENATE ... WELFARE
EXHIBIT 6
DATE 2-26-87
BILL NO. SB251

February 5, 1987

Public Health Committee
Montana State Senate
Montana State Capitol
Helena, MT

Senate Bill 251, introduced by Senator Pat Regan, presents some inherent dangers. Please be aware that increasing the membership of the Board of Directors for the Regional Mental Health Centers in the state will, first of all, open the door to any and all special interest groups to demand their representation on the Board of Directors. This could quite easily lead to an excessively large Board, making operation and function quite inefficient and unmanageable. Also, there is the probability of a counteraction by the various participating counties who assist in funding the operations of the mental health centers in that if other groups, not participating in the funding, are given authoritative rights on the Board, the counties will at least see reason for decreasing their contributions to the mental health center funding.

In regard to the Board of Visitors, having both previously been a member of the Board of Visitors and, more recently, being associated with the Region III Mental Health Center and temporarily at the Montana Youth Treatment Center which are on the visiting list of that Board, I have a concern about expanding the size of the Board. Not only would this increase the logistical problems of the Board's movement to different mental health facilities, there would also be a significant increase of the cost for expenses of the Board of Visitors. Increasing the size of the Board also would increase the problems in accommodating the Board's visits to mental health facilities as well as tending to increase the amount of time necessary for such visits. The current size of the Board of Visitors has always been quite adequate for covering its required evaluations.

The statutory procedure for the appointment of both of the Boards already allows for the presence of consumers or members of families of consumers to be on either Board, so the mechanism for such a composition is already present.

For these reasons, I should like to express my opposition to Senate Bill #251.

D. L. Harr, M.D. /ead
D. L. Harr, M.D.
Psychiatrist/Medical Director

DLH:ead

Serving South Central Montana

MENTAL HEALTH CENTER
1245 North 29th Street
P.O. Box 219
Billings, MT 59103-0219

SENATE ... & WELFARE
EXHIBIT 6
DATE 2-26-87
BILL NO SB251

February 5, 1987

Public Health Committee
Montana State Senate
Montana State Capitol
Helena, MT

Senate Bill 251, introduced by Senator Pat Regan, presents some inherent dangers. Please be aware that increasing the membership of the Board of Directors for the Regional Mental Health Centers in the state will, first of all, open the door to any and all special interest groups to demand their representation on the Board of Directors. This could quite easily lead to an excessively large Board, making operation and function quite inefficient and unmanageable. Also, there is the probability of a counteraction by the various participating counties who assist in funding the operations of the mental health centers in that if other groups, not participating in the funding, are given authoritative rights on the Board, the counties will at least see reason for decreasing their contributions to the mental health center funding.

In regard to the Board of Visitors, having both previously been a member of the Board of Visitors and, more recently, being associated with the Region III Mental Health Center and temporarily at the Montana Youth Treatment Center which are on the visiting list of that Board, I have a concern about expanding the size of the Board. Not only would this increase the logistical problems of the Board's movement to different mental health facilities, there would also be a significant increase of the cost for expenses of the Board of Visitors. Increasing the size of the Board also would increase the problems in accommodating the Board's visits to mental health facilities as well as tending to increase the amount of time necessary for such visits. The current size of the Board of Visitors has always been quite adequate for covering its required evaluations.

The statutory procedure for the appointment of both of the Boards already allows for the presence of consumers or members of families of consumers to be on either Board, so the mechanism for such a composition is already present.

For these reasons, I should like to express my opposition to Senate Bill #251.

D. L. Harr, M.D. /ead
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Psychiatrist/Medical Director

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Serving South Central Montana

ROLL CALL VOTE

SENATE COMMITTEE Public Health, Welfare and Safety

Date 2-6-87 Bill No. 17 Time 2:30

NAME	YES	NO
Dorothy Eck	X	
Bill Norman	X	
Bob Williams	X	
Darryl Meyer		X
Eleanor Vaughn	X	
Tom Rasmussen		X
Judy Jacobson	X	
Harry H. "Doc" McLane	X	
Sen. Himsl		X
Sen Haser		X

Ellen Nehring
Secretary

Dorothy Eck
Chairman

Motion: To Pass S.B. 17

1987

STANDING COMMITTEE REPORT

SB120

February 6, 19 87

MR. PRESIDENT

We, your committee on Public Health, Welfare, and Safety

having had under consideration Senate Bill No. 120

first white reading copy (color)

REQUIRE GROUP POLICY CHEMICAL DEPENDENCY CARE BY APPROVED PERSON, FACILITY

Respectfully report as follows: That Senate Bill No. 120 BE AMENDED AS FOLLOWS:

1. Page 1, line 14.
Following: "facility"
Strike: ", as defined in the policy or contract,"

2. Page 1, lines 19 and 20.
Following: "physician" on line 19
Strike: ", as defined in the policy or contract,"

3. Page 1, line 21.
Following: "confined as"
Strike: "a hospital"
Insert: "an"

And as amended:

DO PASS

~~DO NOT PASS~~

Chairman.

Senator Eck

STANDING COMMITTEE REPORT

February 6, 19 87

MR. PRESIDENT

We, your committee on Public Health, Welfare and Safety

having had under consideration Senate Bill No. 17

first reading copy (white color)

REQUIRING APPOINTMENT OF AN INDIAN CHILD WELFARE SPECIALIST

Respectfully report as follows: That Senate Bill No. 17

DO PASS

~~DO NOT PASS~~

Senator Eck Chairman.

STANDING COMMITTEE REPORT

39153

February 6, 19 87

MR. PRESIDENT

We, your committee on Public Health, Welfare & Safety

having had under consideration Senate Bill 185 No.

first white reading copy (color)

ESTABLISHING OFFICE OF LONG-TERM CARE OMBUDSMAN

Respectfully report as follows: That Senate Bill No. 185

BE AMENDED AS FOLLOWS:

1. Page 3, line 11.
Following: "granted"
Insert: "to the long-term care ombudsman or local ombudsman"

2. Page 3, line 12.
Following: "hours"
Strike: "or at any time the ombudsman"
Insert: "(9 a.m. to 6 p.m.) and to the long-term care ombudsman at any time he"

DO PASS

DO NOT PASS

Senator Eck

Chairman.