MINUTES

MONTANA HOUSE OF REPRESENTATIVES
52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By Rep. Tim Whalen, Vice-Chair, on January 11, 1991, at 3:00 p.m.

ROLL CALL

Members Present:

Angela Russell, Chair (D)
Tim Whalen, Vice-Chair (D)
Arlene Becker (D)
William Boharski (R)
Jan Brown (D)
Brent Cromley (D)
Tim Dowell (D)
Patrick Galvin (D)
Stella Jean Hansen (D)
Royal Johnson (R)
Betty Lou Kasten (R)
Thomas Lee (R)
Charlotte Messmore (R)
Jim Rice (R)
Sheila Rice (D)
Wilbur Spring (R)
Jessica Stickney (D)
Bill Strizich (D)
Rolph Tunby (R)

Members Excused: Rep. Carolyn Squires

Staff Present: David Niss, Legislative Council
Jeanne Krumm, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Announcements/Discussion: **REP. RUSSELL** stated that HB 102 and HB 103 are two of twenty-three bills to be heard by the Human Services Committee and other committees during this Legislature. These bills are at the request of the Joint Interim Subcommittee on Adult and Juvenile Detention. The Subcommittee met on several time in a number of communities.

HEARING ON 102

Presentation and Opening Statement by Sponsor:

REP. ANGELA RUSSELL, House District 99, Lodge Grass, stated that the Subcommittee is looking for alternative options to incarceration for the mentally ill, such as availability of

treatment. The Subcommittee survey indicated that 26% of the jail population on a particular day were incarcerated for a Driving Under the Influence (DUI). HB 102 amends the current DUI law to allow a repeat DUI offender to receive mandatory alcohol treatment from any certified chemical dependency counselor (CDC) of his choice. Under current law, repeat offenders must receive alcohol treatment approved by the Department of Institutions. There are 34 approved treatment centers in the state. Their programs are the only ones that a DUI offender may attend under current law to satisfy the requirements of mandatory treatments. The current law is a result of changes made by the 1989 Montana Legislature with enactment of HB 425. HB 102 would eliminate the monopoly created by HB 425 and make more treatment options available plus reducing the cost of mandatory treatment by allowing a CDC to provide alcohol treatment. This bill would restore the right of potential clients to attend treatment programs of their choice. She submitted a summary. **EXHIBIT** 1

Proponents' Testimony:

Darryl Bruno, Division Administrator, Drug and Alcohol Abuse Division (DAAD), stated support of HB 102 as it is written. Repeat DUI offenders were allowed only to attend state approved programs for treatment. The availability of individuals to go to the programs which they previously attended is taken away.

Opponents' Testimony: None

Informational Testimony:

Mary McCue, Montana Mental Health Counselors Association, stated that the MMHCA is composed of counselors who are in private practice as opposed to school counselors or people who work in mental health centers.

Questions From Committee Members:

REP. BOHARSKI asked for the qualifications of CDC. **Mr. Bruno** stated that a CDC is certified by the Department of Institutions based on education and experience. To be certified a person must pass written and oral examinations and submit a taped work sample.

REP. LEE asked **Mr. Bruno** if there is consistency in all of the different treatment programs for the counselors to be certified. He stated that all state approved programs which includes most programs in the state, have to meet standards established by the Department of Institutions.

REP. HANSEN asked **REP. RUSSELL** if the Subcommittee study determined the number of programs available in the state as opposed to the numbers of applicants. **REP. RUSSELL** stated there are 34 approved state programs.

REP. BECKER stated that there are other people who can provide this program that may not be under the title of CD. Does this preclude treatment by them. **REP. RUSSELL** stated that the intent is to allow the CDC extension for them. **David Niss** stated that a licensed professional counselor would be precluded from the program under the language in the bill.

Closing by Sponsor:

REP. RUSSELL reiterated that 26% of the jail population on a particular day were there because of DUI offenses. This bill allows options to individuals to receive treatment and be outside a jail situation.

HEARING ON HB 103

Presentation and Opening Statement by Sponsor:

REP. ANGELA RUSSELL, House District 99, Lodge Grass, stated that HB 103 is consistent with state policy which requires that mentally ill persons be detained in the least restrictive environment. Jail is not an appropriate place for people with a mental illness. People who are mentally ill often commit minor offenses which are related to their illness. These people need health care and the seriousness of their offense does not warrant incarceration. Jail is for holding persons with a criminal charge pending a civil charge until appropriate. She submitted a summary. **EXHIBIT 2**

Proponents' Testimony:

Dan Anderson, Administrator, Mental Health Division, Department of Administration, said that the mentally ill persons that are being detained and awaiting an involuntary commitment hearing are people who have an illness waiting for possible transfer to a more specialized treatment facility, namely the state hospital. An analogy would be a person with a severe burn. We would be outraged if a person with a burn awaiting transfer to a specialized burn facility would not be hospitalized. People with mental illnesses need to be housed while awaiting for appropriate treatment.

Marty Onishuk, Montana Alliance for the Mentally Ill favored HB 103 and provided written testimony. **EXHIBIT 3**

Tom Posy, President, National Alliance for the Mentally Ill, stated that in most states, Legislatures have responded to the unfairness and cruelty of human spirit. There is no question that targeted case management services will create an additional monetary outlay in the beginning, but in the end it is going to be reputed. In a recent survey of states responding to the needs of the seriously mentally ill, Montana had the distinction of being 46th. It is his firm belief that if HB 103 is passed, Montana could rank could in the top 20.

Barbara Garrett stated that she has a serious mental illness. She is a wife and a mother and is able to fulfill those roles while having a serious mental illness because she is getting good medical care. She gave a few personal experiences that she has had with bad medical care.

Mitzi Anderson said her son has a serious mental illness and she told of bad experiences she has had with the current laws on mental illness.

Patrick Pope, President, Alliance for the Mentally Ill of Helena, stated that he is diagnosed with severe depression and anxiety disorder. He spoke of his experience with the current law and urged support of HB 103.

Tom Harrison, Montana Sheriff & Peace Officers Association (MSPOA), favors the bill. The only concern is the effective date of July 1992. The bill states that it is designed so that by that time, extended facilities will be on line and that jails will not be used. The bill, in fact, specifies that jails would not be acceptable after that time, but the bill does not assure that the alternative facilities will be in place.

Violet Stewart provided written testimony. **EXHIBIT 4**

Kelly Morse, Executive Director of the Mental Disability Board of Visitors, stated that HB 103 offers alternatives to jailing mentally ill people. The community based alternatives such as Crises Response Team and Case Management do provide other alternatives.

Winnifred Storli, Flathead Alliance for Mentally Ill, provided written testimony. **EXHIBIT 5**

Cliff Murphy, Mental Health Association of Montana, stated that his son is mentally ill and believes there should be more mental health care.

Jon Connor, Montana County Attorneys Association, stated that the county attorney is the person responsible for filing the petitions that initiate this type of action. The prosecutor is also frustrated by the lack of resources available to deal with these situations. They too feel that people who are seriously mentally ill do not belong in jail, but often are put in jail simply because there are no other alternatives available immediately.

Bob Olson, Vice President of Montana Hospital Association (MHA), stated support of the intent of this bill to improve treatment for mentally ill persons. MHA recognizes the problems that are caused for mentally ill persons by law enforcement officials, but asking hospitals to accept all such persons without any limits is not appropriate. Passage of the bill would occasionally place potentially violent and dangerous people in a hospital without

considering the medical necessity for the appropriateness of admission.

Opponents' Testimony:

James L. Schwind provided written testimony. **EXHIBIT 6**

Informational Testimony:

SEN. HALLIGAN stated that the District Court budget and the Sheriff's Office budget would pay if someone were to get picked up on disorderly conduct and placed in jail. The existing jail administrator or sheriff screens the person and if he feels that a person is mentally ill, they will call me and I call the mental health center. HB 103 contemplates that if someone screens a person for a mental health commitment, the cost would come out of the sheriff's budget under the existing law. The commitment takes place and I do a petition based on that psychologists letter to me saying that the person is seriously mentally ill and is endangering himself or someone else. Then that comes out of the District Court funds which is a county cost.

Questions From Committee Members:

REP. MESSMORE asked **Mr. Anderson** would the Crises Intervention Centers be in place by July 1992. **Mr. Anderson** said yes with sufficient funding.

REP. BOHARSKI asked if there has been any fiscal information regarding costs to each county. **REP. RUSSELL** stated there will be a cost to counties, but the exact cost isn't known yet.

REP. S. RICE asked will the fiscal note be redone and is there a better estimation of the costs for this. **REP. RUSSELL** stated that the estimation of costs will be considerably less than what is stated. The cost of the fiscal note will not include all mentally ill persons in the State of Montana.

Closing by Sponsor:

REP. ANGELA RUSSELL stated this is a problem for Montana and needs to be addressed. This is an alternate way. She submitted amendments. **EXHIBIT 7**

ADJOURNMENT

Adjournment: 4:45 p.m.

Angela Russell
ANGELA RUSSELL, Chair

Jeanne Krumm
Jeanne Krumm, Secretary

HU011191.HM1

EXHIBIT 1
DATE 1-11-91
HB 102

BILL SUMMARY
HB 102

Prepared by Tom Gomez
Montana Legislative Council

This bill was requested by the Joint Interim Subcommittee on Adult and Juvenile Detention, which was formed by the 1989 Legislature to conduct an interim study of adult and juvenile detention in Montana, as requested by SJR 23.

The bill amends the current DUI laws to allow a repeat DUI offender to receive mandatory alcohol treatment from any certified chemical dependency counselor of his choice.

Under current law, repeat DUI offenders must receive alcohol treatment from a treatment program approved by the department of institutions. Approved programs include inpatient and outpatient treatment programs, as well as other programs providing various levels of treatment services. Currently, there are 34 approved treatment programs in the state. These programs are the only ones that a DUI offender may attend, under current law, to satisfy the requirements of mandatory alcohol treatment.

The current law is the result of changes to the DUI statutes made by the 1989 Montana Legislature with enactment of HB 425. The 1989 law has created a "monopoly" for state approved programs in regard to alcohol treatment services for repeat DUI offenders. In so doing, the law excludes treatment from "nonapproved" programs on Indian reservations, at the veterans hospital, or other treatment programs, although the services are provided by certified chemical dependency counselors.

This bill would eliminate the current "monopoly" created by HB 425, making more treatment options available to DUI offenders and reducing the cost of mandatory treatment by allowing certified chemical dependency counselors to provide alcohol treatment to DUI offenders. The bill would also restore to potential clients the right to attend a treatment program of their choice, thereby encouraging treatment.

The bill is the result of an inquiry by the Subcommittee into the availability of treatment as an alternative to incarceration for DUI offenders. This inquiry into the availability of treatment for DUI offenders led to the discovery that state law was changed in 1989 to create a "monopoly" for state-approved alcohol treatment programs.

GOMEZT/HB102

EXHIBIT 2
DATE 1-11-91
HB 103

BILL SUMMARY
HB 103

Prepared by Tom Gomez
Montana Legislative Council

This bill was requested by the Joint Interim Subcommittee on Adult and Juvenile Detention, which was formed by the 1989 Legislature to conduct an interim study of adult and juvenile detention in Montana, as requested by SJR 23.

The bill would prohibit the detention of mentally ill persons in jail or other correctional facilities pending a hearing or trial to determine whether such persons should be committed to a mental health facility. The bill would also require sheriffs and jail administrators to screen inmates to identify persons accused of minor misdemeanor offenses who appear to be seriously mentally ill, as defined in the state mental health code. If as a result of such screening, it is determined that the inmate is seriously mentally ill, the sheriff or jail administrator must divert the inmate from jail to appropriate treatment services in the community or transfer the inmate to a mental health facility. These provisions of the bill, however, would apply only if the person who is mentally ill has been charged with a minor misdemeanor offense that might be associated with mental illness, such as trespassing, loitering, vagrancy, or disturbing the peace.

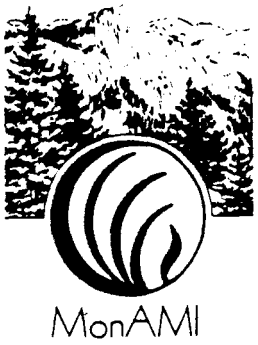
In order to provide alternatives to the detention of mentally ill persons in jail, the bill would require the department of institutions to establish crisis intervention programs. These programs would be designed to provide 24-hour emergency admission and care of seriously mentally ill persons in a temporary, safe environment in the community. In addition, the bill would authorize the department of institutions to provide crisis intervention programs, using Medicaid funding for rehabilitative services and by authorizing Medicaid targeted case management services for the mentally ill.

Targeted case management services are optional Medicaid services that may be used to assist individuals with mental illness in gaining access to needed medical, social, educational, and other services. By their nature, targeted case management services are limited to certain target groups (e.g., individuals with mental illness). In addition, these services may be limited to targeted areas of the state where special service needs exist. Other limitations in the availability of services may also be established in order to better target services to those most in need.

The bill contains a delayed effective date of July 1, 1992, in order to allow time for the development of needed mental health services in the state.

GOMEZT/HB103

EXHIBIT 3
DATE 1-11-91
HB 103



Montana Alliance for the Mentally Ill

MonAMI

I am Marty Onishuk representing MonAmi. This is an organization of persons with mental illness, and their families. Currently there are eight local chapters in Montana and growing. The National Alliance for the Mentally Ill, which was started in 1979, has over 1000 chapters in the U.S.

MonAmi supports H.B.103. Jail is not a treatment setting for people with mental illness. The bizarre behavior which often lands them in jail is a symptom of their disease causing thought and mood disorder due to neurotransmitter dysfunction in the brain.

H.B.185 which passed in the last legislative session and was a big step in the right direction, did not solve the problem of jailing the mentally ill. Another bill is necessary to provide alternative settings within the community and HB103 does this.

Mental illness is a medical disease. It needs a medical response--not jail. Persons who must be detained while waiting for a civil commitment should be in the least restrictive setting as close to their home community as possible.

To provide this environment, new crisis intervention programs must be developed throughout the state. Many different models have been organized in other communities and could be developed to fit both urban and rural areas of Montana.(see NAC Mental Health Fact sheets)

Funding for this program to serve the 300-400 Montanans with mental illness who wind up in jail can come from targeted case management using vocational rehabilitation and targeted case management under medicaid.

Jail is not used for people with heart disease, diabetes, Parkinsons or other neurological illnesses. Persons with mental illness caused by changes and imbalances beyond their control deserve the same treatment.

Ex. 3
1-11-91
HB 103

MENTAL HEALTH

FACTSHEET:

DIVERTING PEOPLE WITH MENTAL ILLNESS WHO COMMIT MINOR OFFENSES FROM JAILS

A Factsheet for County Officials

Prepared by Regina D. Adams, Research Associate
The National Association of Counties Mental Health Project* 1988

The National Association of Counties (NACo) supports the goal that people with mental illness should not be incarcerated in local jails. NACo encourages counties to develop alternatives outside of the jails for the care and treatment of people with mental illness.

Jail is not appropriate treatment for people who commit minor offenses because they are mentally ill. Such people enter the criminal justice system by committing misdemeanors such as trespassing, loitering, acting unruly in public places, and refusing to pay for meals in restaurants. They have multiple problems, which are often exacerbated by alcohol or other drug abuse, poverty, and homelessness. They need mental health care and related health and social services. The seriousness of their misdemeanor offenses is minor and usually does not warrant incarceration.

In order to begin to successfully divert mentally ill offenders from jail, law enforcement officials, criminal justice officials, mental health professionals and elected officials must combine their resources to develop alternatives to incarceration for these individuals.

The purpose of this factsheet is to provide public officials with information to enhance their understanding of what needs to be done. Most of the information has been obtained from counties that have implemented programs designed to divert this population from jails.

Why Communities Need Diversion Programs

- Jail is inappropriate treatment for a person with mental illness, who has committed a very minor offense.
- The incarceration of these people contributes to overcrowding in jails, when many jails are under court order to reduce their populations.
- Persons with mental illness are sometimes jailed because communities lack appropriate treatment services.
- The stress of incarceration contributes to higher suicide rates in this population in local jails.
- Individuals with mental health problems can cause disruption of normal jail operations and programs.

Is It Really Easier To Arrest Rather Than Divert?

Diversion of people with mental illness from jail requires the capacity and willingness of officials responding to a crisis situation to evaluate the mental state of the person and direct the offender to appropriate services. Police and sheriffs are the usual respondents to such crisis situations because they provide around the clock service, are mobile, respond quickly, and have the legal authority to remove the person by criminal arrest, emergency, or protective custody. Typically, it takes less time to arrest a person, than to evaluate him or her for alternative treatment.

Obviously, police and sheriffs are pivotal in responding to emergency situations involving people with mental illness, but they should not and cannot be the sole providers of services for this population.

Basic Ingredients Of A Diversion Program

When Montgomery County, Pennsylvania set out to develop a diversion program, the police had two alternatives to arresting and detaining the mentally ill offender:

- local mental health centers, which were not operated on a twenty-four hour basis; and
- local hospitals, which were reluctant to admit such problem cases.

The key to a successful diversion effort is the availability of a twenty-four hour crisis intervention program staffed by appropriately trained mental health professionals. The best time for diversion to take place begins when the police officer makes contact with the offender. During the twenty - four hour period following this initial point of contact many options are available that are far more suitable than incarceration. Some of these options include: screening; holding the person in a suitable environment; stabilizing the patient; finding appropriate shelter;

and obtaining needed treatment. Montgomery County, Pennsylvania developed a diversion program containing these elements. This has enabled the police to successfully direct people committing minor offenses to alternate care instead of local jails.

Most communities have access to law enforcement agencies and mental health services; however, reliable liaisons rarely exist between the two. The development and maintenance of successful diversion programs require that these two systems be tied together and the common ground between the two systems must be identified.

Efforts to redirect people with mental illness, who have committed minor offenses, from jails to appropriate treatment services should include these activities:

- Training of law enforcement personnel on how to work with people with mental illness, and with mental health service personnel..
- Training of mental health professionals on how to work with law enforcement.
- The development of coalition strategies for building support among key players in all systems: sheriff, mental health agency, county commissioner, district attorney, consumer advocates (family and friends), police, and judges.
- The development of a continuum of diversion activities instead of, prior to, and after jailing.

Recommendations For Collaborations Between Criminal Justice, Law Enforcement, And Mental Health Agencies

1. *Law Enforcement*

- Build into police training increased understanding of how to identify and handle the chronically mentally ill.

2. *Prosecutor's Office*

- Identify a key prosecutor who will develop some speciality in this field and guide the staff in handling these cases.
- Develop a set of guidelines that prosecutors can use and the other parties in the criminal justice system will be familiar with.

3. *Mental Health Center*

- Provide crisis intervention services.
- Provide psychiatric evaluations as requested and treatment when appropriate.
- Assist referring sources with information on what to do next when unable to treat the person.
- Provide information on all of the different resources and levels of care in the system.
- When there is a difference of opinion about the needs of the individual assist the referring agent by gathering further information about their observations and length of time spent with them. Provide feedback, referral resources and contact names.

Recommendations For All Agencies

- Develop and secure an agreement of all jurisdictions to work in a coordinated fashion and expedite the procedures for handling these cases.
- Develop standard forms for routine actions that are needed to expedite processing the mentally ill to the most appropriate placement.
- Improve the skill level of member agency staff in the following areas: recognizing the various types of mental illness, and skill in handling mentally ill persons.

CONCLUSIONS

NACo encourages counties not to jail persons with mental illness who have committed misdemeanors. The redirection of these people from the criminal justice system to treatment requires collaboration between law enforcement and mental health agencies. To achieve the goal of diversion through collaboration, efforts must be made to overcome traditional misconceptions that tend to exist between law enforcement and the mental health system. These misconceptions stem from unfamiliar terminology, differing philosophies in dealing with mentally disabled people, and a general lack of knowledge about the appropriate role of each system in working with mentally disabled people. These impediments to collaboration can be addressed with training, clear comminication, and effective leadership.

This factsheet is the first in a series of materials developed by the NACo Mental Health Project to respond to the information needs of counties concerning the mentally ill in jails. For more information, call or write Michael Benjamin or Regina Adams, the National Association of Counties, Mental Health Project, 440 First St., NW, Washington, D.C. 20001. Telephone: (202) 393-6226.

REFERENCES

National Coalition for Jail Reform. Removing the Chronically Mentally Ill from Jail: Case Studies in Collaboration Between Local Criminal Justice and Mental Health Systems (Washington, D.C., 1984).

Peter Finn and Monique Sullivan. Police Response to Special Populations. National Institute of Justice. (Washington, D.C., 1987).

Gerald Murphy. Special Care: Improving the Police Response to the Mentally Disabled. Police Executive Research Forum. (Washington, D.C., 1986).

Alice Kitchen. The Chronically Mentally Ill in Jail. University of Missouri - Kansas City. (Kansas City, Missouri, 1987).

*The National Association of Counties Mental Health Project is funded by the National Institute of Mental Health. Contract #278-86-0007 (ES)

EXHIBIT 3
DATE 1-11-91
HB 103

MENTAL HEALTH FACTSHEET:

INCREASING THE ABILITY OF COUNTIES TO DEAL WITH PROBLEMS OF PEOPLE WITH MENTAL ILLNESS IN JAILS

A Factsheet for County Officials

Regina D. Adams, Research Associate
The National Association of Counties Mental Health Project* 1988

Most counties are faced with problems related to mentally ill people in their criminal justice systems. The National Association of Counties (NACo) encourages counties to provide services for those people with mental illness who commit minor offenses in the community outside of the jails. The NACo Mental Health Project recognizes that this is not a single issue problem, nor is there a single solution. This factsheet provides information about ways that local government can begin to address the mental health service needs of people with mental illness who have come into contact with the criminal justice system.

Who Is Really Responsible for Dealing with People with Mental Illness Who Have A Crisis?

Law enforcement is the community agency most likely to have initial contact with a mentally ill person who exhibits intolerable, inappropriate or criminal behavior. Communities lack appropriate treatment services - what is usually in place does not match client needs. While some communities have crisis hotlines and crisis intervention programs, many are not equipped to respond to emergencies involving mental health clients 24 hours a day, 7 days a week. Therefore, to law enforcement jail becomes the "treatment of choice" for difficult to manage people with mental illness.

A central facility providing comprehensive emergency mental health services on a 24 hour basis is essential to a community's effort to divert non-criminal or misdemeanant mentally ill people from the criminal justice system. The availability of such services benefits law enforcement because they do not have to lose time waiting at a facility, making decisions about which facility in the community will take a client. Instead of making the disposition of a client someone else's problem, or taking the patient to the next county line, or repeat visits to the jail, or taking no action at all, sheriff or police officials can take such individuals to this type of facility for appropriate evaluation.

Rescue Crisis Services, a county supported agency, provides this service for Lucas County (Toledo), Ohio. These services are easily accessible to individuals, the police, hospital personnel, and other agencies. The program provides appropriate, effective, and efficient intervention and helps to stabilize individuals who present themselves with a history of psychiatric hospitalization, very limited family or community support systems, who are often non-complaint with existing treatment programs, and who are not appropriate for incarceration.

Cross Training For Mental Health and Corrections Professionals

Counties participating in the NACo Mental Health Technical Assistance Project have told us that two problems that they face in addressing the service needs of the mentally ill in their jails are:

1) The lack of knowledge and the unwillingness of mental health professionals to work with mentally ill offenders; and

2) The lack of training for correctional and law enforcement staff in understanding people with mental illness.

Training for law enforcement and mental health professionals which increases their understanding of the problems of this target population can result in considerable benefits for counties. It can facilitate the ability of counties to provide appropriate services to both clients whose mental health needs can be met in the community, and those who must be treated in the jail environment. Such training is usually not expensive but can save county funds through efficient utilization of resources which adequately meet the needs of this population.

Staff working in jails, including nurses, teachers, probation officers should be trained with correction officers and police to provide a common base of understanding and communication regarding seriously mentally ill and suicidal clients and inmates.

Mental health personnel affiliated with local community mental health programs, hospital emergency rooms, and other agencies likely to be involved with people with mental illness need training about in-jail services, criminal and mental health law, and local procedures.

Oswego County, New York provided this training through the local mental health clinic. The training session was presented by a mental health trainer assisted by a corrections trainer as a resource. It provided all clinic staff with sufficient knowledge of the county's model for suicide prevention and crisis intervention, the corrections system, corrections and criminal procedure law, suicide screening guidelines, and the local policies and procedures required to implement the model. A mental health resource handbook provided an overview of the criminal justice system, mental health, criminal and corrections law. This handbook was used as a resource during the training and afterwards for mental health and corrections personnel.

Training of mental health professionals in this area should also include practical information on the following topics:

- how to work with abusive clients;
- providing services with an attitude of being inclusive rather than exclusive with difficult to manage clients;
- how to work with and understand law enforcement issues and the nature of such organizations.

Likewise, training for law enforcement personnel should include practical methods to enable law enforcement officials to achieve the following:

- work with mental health professionals;
- understand the nature of mental illness;
- identification and utilization of linkages with the mental health system, as law enforcement usually has first contact with the client and the initial opportunity to make diversion from jail to appropriate services possible;
- an understanding of mental health language, regulations, limitations and shifting priorities.

Benefits to Counties

Elected officials play a critical role in encouraging and supporting collaborative efforts between law enforcement and mental health agencies in addressing the problems of the mentally ill in the criminal justice system. Both diversion programs and in jail mental health services require considerable collaboration between several county agencies.

As counties consider building new jails, it is very important for county officials to seek ways to provide appropriate mental health services for that ten percent of their jail population with mental illness. Community services are cost effective - a new jail cell costs $50,000 to $75,000 plus the cost of daily room and board with security of $40 to $50. When county commissioners begin to look at options for and alternatives to building a new jail, providing less expensive community services for ten percent of the jail population can be an attractive option.

Positive county support for efforts that enable people with mental illness, who are either at risk of incarceration due to their mental illness or who are mentally ill but must stay in jail because of criminal behavior, to obtain appropriate mental health services results in these benefits:

- decrease in liability and expense for county, through the availability of suicide prevention programs;
- improved management of mentally ill inmates in jails, thereby minimizing the victimization of mentally ill people in jails;
- improved working relationships between law enforcement and mental health agencies;
- having programs in place leads to well trained staff in jails and in community programs;

Additional Information

Regina Drake Adams. Exemplary Mental Health Programs: The Diversion of People with Mental Illness from Jails and In-Jail Mental Health Services. The National Association of Counties. (Washington, D.C. 1988).

Peter Finn and Walter J. DeCuir. Law Enforcement and the Social Service System: Handling the Mentally Ill. FBI Enforcement Bulletin. (Washington, D.C. 1988).

This factsheet is a part of a series of materials developed by the NACo Mental Health Project to respond to the information needs of counties concerning the mentally ill in jails. For more information, call or write Michael Benjamin or Regina Adams, the National Association of Counties, Mental Health Project, 440 First St., NW, Washington, D.C. 20001. 202/393-6226.

*The National Association of Counties Mental Health Project is funded by the National Institute of Mental Health, Contract #278-86-0007 (ES)

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1-11-91

My name is Violet Stewart from Kalispell HB 103
I am 80 years old
I have been mentally ill for many years.
I have Schizophrenia
Last year a gentleman older than my self was put in the Kalispell jail because he was sick.

Violet Stewart
3420 Airport Rd. Kalispell MT.

EXHIBIT 5
DATE 1-11-91
HB 103

H.B. 103
Winnifred Storli
P.O. Box 249
Kalispell Mt. 59901

1.11.91

I am a member of the Kalispell chapter of the National Alliance of the Seriously Mentally Ill. I have a mother and daughter suffering from schziophrenia. My family is riddled with serious mental illness.

I strongly support H.B. 103 which prohibits the detention of mentally ill persons in jail pending a civil commitment hearing.

I will not dwell on the agony of a mother when a beloved child is incarcerated because of a terrible illness and denied the right to treatment, human dignity or the rights of every citizen. I am going to specifically address two serious issues:-

(A) Jail deaths. In Kalispell and Polson two jail related deaths have taken place. One of them of a 14 year old boy. The death of Joshua has resulted in the filing of a civil suit by the firm of Moriatty + Spense against Mental Health, the County, Hospital and Professionals. This is costing a great deal and may end up in millions of dollar damages.

(B) Montana was rated 46th nationally in its state ratings in U.S.A. Montana was one of →

two states where jailing is accepted procedure used to hold the mentally ill who have committed no crime.

Does Montana want this rating? Want this publicity or want this expense? Under the present law more suits, more adverse publicity, more violations and more mistreatment will follow.

Thank you
Winnifred Storli

EXHIBIT 6
DATE 1-11-91
HB 103

TESTIMONY BEFORE HUMAN SERVICES COMMITTEE 1/11/91

Name: James L. Schwind
Address: 1805 Joslyn #76, Helena, Montana 59601-0112
I represent only myself.
Phone: 443-3548
Occupation: former mental patient, psychiatry endorsed system fighter, and small businessman.

I am against HB103. We live in an age of tight money. I hear the Legislature will probably have to make some budget cuts and lay a few state employees off. Depending where the budget axe falls, the Department of Institutions is considering releasing a fair number of healthy vegetables to the streets. These mental patients do fairly good if they take medications, but are far from holding jobs. On the streets, most have no way to afford their medication. In this age of tight money, it makes little sense spending money to give the kid glove treatment to the in door when Warm Springs is a revolving door.

The main reason I am against HB103 is alternatives to jail tend to run into money that few people are willing to pay. It raises security concerns, since some mental patients may want to take off. Other concerns like needing services in off hours or other places must be answered.

James L. Schwind

EXHIBIT 1
DATE 1-11-91
HB 103

Amendments to House Bill No. 103
First Reading Copy

Requested by Representative Angela Russell
For the House Human Services and Aging Committee

Prepared by Tom Gomez
January 11, 1991

1. Title, lines 14 and 15.
Following: "SERVICES" on line 14
Strike: "FOR THE MENTALLY ILL"
Following: "PROGRAM" on line 15
Insert: "FOR ADULTS WHO ARE CHRONICALLY MENTALLY ILL"

2. Page 9, line 17.
Strike: "the"
Insert: "adults who are chronically"

VISITORS' REGISTER

Human Services & Aging COMMITTEE

BILL NO. HB 102 DATE 1-11-91

SPONSOR Rep. Russell

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Angela Russell	Lodge Grass	✓	
Gordon Morris	MHCO.	✓	
Darrell Beckstrom	Helena	✓	
Darrell Rowe	Helena Distributing	✓	
Marcia Dies	Helena	✓	
Terry Murrow	MFSE		
Steve Browning	MT Hospital Assn		

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services & Aging COMMITTEE

1062

BILL NO. HB 103 DATE 1-11-91

SPONSOR Rep. Russell

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Tom Posey	Billings, MT	X	
Barbara Garrett	Billings, MT	X	
Kathy McGowan	Helena		
Gordon Morris	MACo	✓	
Marty Onishuk	Mon Ami	X	
Cathy Rogna	Bozeman	✓	
Winnie Storli	Kalispell AMI	✓	
Violet Stewart	" "	✓	
Mitzi Anderson	Havre, Montana	✓	
Helen Sampsel Helen Sampsel	Miles City, Mont	✓	
Harriet H. Humes	6907 Siesta Dr. Missoula	X	
Jean Sharkey	6907 Siesta Dr. Msla	✓	
PAT POPE	1101 Missoula Helena MT	✓	
Judy L. Eriksson	1101 Missoula Helena, MT	✓	
TOM SCHMID	1805 Joslyn Helena		✓
Cliff Humphrey	MHAM - 1301 Rimrock Billings	✓	
Dan Anderson	Helena	✓	
MARY DALTON	Helena - SRS		
Greg Gould	" "		

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VISITORS' REGISTER

Human Services & Aging COMMITTEE

2062

BILL NO. HB 103 DATE 1-11-91

SPONSOR Rep. Russell

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Norm Rostocki	SRS		
Mary McCue	Mt Mental Health Counselors assn	✓	
John Connor	Dept of Justice for Mt. County Attys Assn		
Marcia Dees		✓	
Tom Harrison	Mt. Sheriffs + Peace Off	✓	
Robert Olsen	MT. Hospital Assn. Helena	✓	
Kelly Moore	Board of Visitors	✓	
Terry Minow	MFSE		
John M Shontz	Mental Health Assn.	✓	
Steve Browning	MT Hosp Assn		

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