MINUTES

MONTANA SENATE
52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON JUDICIARY

Call to Order: By Chairman Dick Pinsoneault, on April 9, 1991, at 11:05 a.m.

ROLL CALL

Members Present:
Dick Pinsoneault, Chairman (D)
Robert Brown (R)
Bruce Crippen (R)
Steve Doherty (D)
Lorents Grosfield (R)
Mike Halligan (D)
John Harp (R)
David Rye (R)
Thomas Towe (D)

Members Excused: Senators Yellowtail, Mazurek, and Svrcek

Staff Present: Valencia Lane (Legislative Council).

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

Announcements/Discussion: Representative Paula Darko, sponsor of HB 958 (generally revising gaming laws), asked the Committee not to schedule the bill for hearing.

HEARING ON HOUSE BILL 923

Presentation and Opening Statement by Sponsor:

Representative Paula Darko, District 2, said HB 923 is the third of a package of three bills for child support services. She stated that the bill makes the state comply with federal regulations requiring an automatic withholding statute. She advised the Committee that this is a very important bill as federal sanctions would apply in the form of a $470,000 penalty and a one to five percent loss of AFDC funds (or up to $1.5 million). Representative Darko expressed the urgency on the part of the Department of Family Services (DFS) to pass this bill.

Proponents' Testimony:

John McRae, Attorney, DFS, said HB 923 is a very large bill, but is not complex, and only rearranges and reorganizes existing procedures. He told the Committee that immediate withholding would apply to all new orders and modifications passed last session. Mr. McRae stated that IV D cases were resented by many employers, and

that employers often started withholding before making application with the Department, creating problems. He advised the Committee that the bill would no longer require employers to make inquiry of employees, but makes it self-initiating. He referred to a federal letter in Exhibit #1, and said the legislation needs to take effect before the Legislature meets again in 1993.

Mr. McRae further advised the Committee that a new element in the bill provides for medical coverage enforcement. He said there are only five attorneys in the Child Support Enforcement Division, and that there is both a logistical and a practical problem. Mr. McRae reported that the bill would have a low impact to employers and is proactive. He urged the Committee to support the bill.

Opponents' Testimony:

There were no opponents of HB 923.

Questions From Committee Members:

Senator Halligan asked what the support order exceptions are (page 6, line 14). John McRae said it refers to 40-5-411, MCA.

Senator Halligan asked what makes an exemption. John McRae replied that exemptions are made when it is not in the best interest of the child or there is a written agreement.

Senator Halligan asked if a judge could not order support. John McRae replied the bill doesn't address orders.

Senator Halligan asked if there is still a problem for sole proprietors. John McRae replied the definition of income is more broad in this bill.

Senator Halligan asked what happens if a spouse wants to increase withholding even if the paying spouse is current in support. John McRae replied that the bill applies to any case that is modified after January 1, 1991 or any new cases.

Senator Towe stated that he has a problem with this, as there is similar language on pages 6 and 13 concerning "without the need for amending support orders". He asked if insurance is required by federal law. John McRae replied it is not, and that the federal government requires use of existing remedies, but those are reactive and not proactive as designated in HB 923.

Senator Towe asked if the drafters contemplated that the person paying support would have health insurance and, if not, what that does mean. John McRae replied that existing statute, 40-4-204, MCA, makes some provision for consideration of medical coverage in decrees. He said the courts do have some discretion to order people to maintain insurance from any source, and that if it is not in the decree this can't be used.

Chairman Pinsoneault commented that, at times, only one spouse has coverage and the other does not, and that the decrees often contain provision for this situation.

Closing by Sponsor:

Representative Darko asked the Committee to support HB 923, and Chairman Pinsoneault stated he would carry the bill.

HEARING ON HOUSE BILL 103

Presentation and Opening Statement by Sponsor:

Representative Angela Russell, District 99, told the Committee she served on the Joint Interim Subcommittee on Adult and Juvenile Detention (SJR 23, 1989 Session). She said the bill prohibits detention of the mentally ill in jails, pending hearing, and requires that sheriffs and jailers screen inmates in order to divert them to appropriate mental health treatment facilities or institutions. Representative Russell told the Committee that HB 103 would also set up a 24-hour program for crisis intervention, using Medicaid funding.

Representative Russell further stated that the bill is consistent with state policy, and said jails are not appropriate for mentally ill, in addition to contributing to overcrowding. She stated that, in 1989, 319 mentally ill persons were confined in the 30 counties who keep these records. She further stated that nearly half of those counties reported that they routinely handle mentally ill people in their jails. Representative Russell told the Committee that many are held without criminal charges pending transfer to mental facilities, and that this is a problem in at least 21 counties.

Proponents' Testimony:

Dan Anderson, Administrator, Mental Health Division, Department of Institutions (DOI), referred to an article from the National Alliance for Mentally Ill newspaper article (Exhibit #2). He said Section 4 of the bill establishes a crisis intervention program if Appropriations allows it, but he does not believe these dollars are available.

Mr. Anderson stated that SB 391 also addresses targeted case management of Medicaid funds, and is good, but he is not sure where the money will come from. He provided an amendment which, he said, would give direction to a variety of state agencies to share this responsibility with DOI in the leadership role (Exhibit #3). Mr. Anderson said if this is looked at as a local issue, it can be dealt with on a local level.

Marty Onishuk, MonAMI, Missoula, said there have been three jail deaths in Montana as a result of mental illness: one in 1986 in Polson; one in 1988 in the Flathead County jail; and one in 1990 in Missoula. She advised the Committee that DOI has funded a pilot project in Flathead County which has been in operation since December 1990, and said Nebraska now prohibits jailing of mentally ill persons. Ms. Onishuk urged the Committee to support the bill, and not treat mentally ill as criminals.

Sharon Owens, Kalispell, told the Committee that her son overdosed recently on pharmaceutical drugs, and was taken to the hospital, where the doctor said he had no choice but to have her son arrested on a mental health warrant. She said the hospital took her son to the jail on a Saturday, where he was monitored in a padded cell, but she and her husband were not allowed to see him until the following Tuesday evening. Mrs. Owens stated that they were advised their son was determined mentally ill by Bill Harris, Mental Health. She said her son appeared in court on Wednesday, still wearing the same unlaundered clothes in which he overdosed, and was ordered to Warm Springs State Hospital.

Mrs. Owens further stated that she was contacted by area mental health organizations who advised her she could bring clothing to her son in Warm Springs. She said the sheriff's office personnel are not medical people, and that her son could have died in jail (Exhibit #5).

John Shontz, Mental Health Association of Montana, said he would address the proposed amendments, and that long term health care facilities who have some emergency care facilities could admit mentally ill people. He stated that language at the top of page 4 is a "door slam" and that he believes there is a way to change this. Mr. Shontz further stated that local physicians need to be involved, in addition to psychiatric people, since they admit people to hospitals.

Dorothy Salmonson, Alliance for the Mentally Ill, told the Committee she is a nurse and has two daughters who are mentally ill. She read a statement from the national organization, stating that mental illness not only affects one in four families, but it is the most prevalent disease in the nation. She asked the Committee to support HB 103 and DOI amendments.

Kathy McGowan, Montana Council of Mental Health Centers, said the Centers would work with others to develop good alternatives to jailing mentally ill.

Bill Fleiner, Lewis and Clark County Undersheriff, and Montana Peace Officers, said mentally ill are jailed because there is nowhere else they can go. He said the sheriffs don't want to jail mentally ill people, as it poses a high risk to their detention centers. Mr. Fleiner stated that he believes mental health professionals should be involved in providing services to relieve those who may cause serious harm to themselves or others. He

explained that there is a gray area when these people are detained pending disposition and/or action.

Mr. Fleiner further advised the Committee that the $500 per day cost would be borne by law enforcement until the mentally ill person is taken to a hospital. He said he believes that, ultimately, professionals who may fail in their areas of responsibility would come back to sheriffs and peace officers for help. Mr. Fleiner stated his organization is willing to work on this issue, but has reservations.

Opponents' Testimony:

Marciana Garay, Helena, said she was not really an opponent of HB 103, and cited in incident in Helena whereby the crimes of a mentally ill person in Helena progressed from minor incidents to the molesting of seven children. She said this man was not jailed because he was mentally ill, and that Medicaid would not pay for the therapy for these children ($62,000 at Shodair Hospital). Mrs. Garay said she feels sorry for families of mentally ill persons, and that the problem is with mental health. She said there is no monitoring of mentally ill by psychiatric professionals in transitional homes.

Bob Olson, Montana Hospital Association, said long term care facilities are prohibited by federal law from admitting mentally ill people. He explained that they provide low-intensity hospital services, and are not able to care for mentally ill. Mr. Olson stated that physicians must admit people to hospitals by federal requirement, and that trained jailers can now make determinations with regard to mental illness.

Mr. Olson told the Committee that there are six facilities in Montana who provide psychiatric care, and that most mentally ill people would have to be hospitalized outside their communities. He said that if mentally ill persons go off their medications, they can be stabilized in a day or two, and asked where they would go and who would pay for their care if this bill were to pass. He said he had not been able to review the proposed amendment.

Questions from the Committee:

Senator Towe commented that the amendment is fine, except that it says agencies "shall" participate. Dan Anderson replied he believes these agencies need the weight of direction.

Senator Towe asked what happens if no funds are appropriated. Dan Anderson replied the local planning would then come into play. He mentioned that there is talk of renting motel rooms for adolescents.

Senator Towe stated that these people are the obligation of the county. Dan Anderson replied he believes 53-1-132, MCA, says counties are responsible for pre-trial detention.

Senator Towe stated he is concerned that there are only six mental health facilities, and that mentally ill would be moved away from their families.

Senator Doherty commented that the appropriation for this bill is not in HB 2, and asked why it was not in the Governor's budget. He asked if the appropriation is needed, and if this has been put to the people. Dan Anderson replied that he testified before the House Human Services Committee concerning the need, and that he believes targeted case management and cooperation between agencies will accomplish this.

Senator Doherty asked if this can be done without spending money. Dan Anderson replied that one fiscal note addresses setting up crisis intervention teams in the state, and said he was trying to address the 300 or more mentally ill persons who get into jail situations each year.

Senator Rye commented that mentally ill is not defined anywhere, and said he believes all crimes are derived from mental illness, to some degree, in terms of maladjustment to society's values. John Shontz replied that is the difference between mentally ill and socially dysfunctional. He stated that detained persons are not required to be read their Miranda rights, but, under another bill, must be read their Constitutional rights within 72 hours. He commented that people are not arrested for the crimes they might commit, but for those they allegedly commit. He said the terms for mentally ill are clinical.

Senator Rye asked if a mentally ill person could sue the county for being put in jail. John Shontz replied that is identified in another section of statute, and if the county attorney issues information concerning a crime, and the process is not abused, then the individual would not be in a position to sue. Mr. Shontz further stated that he did not necessarily propose putting mentally ill people in nursing homes, but proposed creative planning. Marty Onishuk replied that the Flathead Area United Way provided money to help mentally ill. She said severe mental illness is a medical diagnosis, and that the bill does not apply to felonies.

Senator Grosfield said he wanted to follow up on Senator Rye's questions. Bill Fleiner replied that if there is a criminal offense, a person can be charged with that offense, which would take precedence over custody incarceration. He said he was concerned that individuals can call law enforcement when they believe a mentally ill person is a danger to him or herself or to others, and that law enforcement officers will respond and detain the person.

Mr. Fleiner further stated, that if the incident is alcohol-related, the person would be detained and an alcohol treatment program would be contacted. He said officers do not want to be babysitters. Mr. Fleiner advised the Committee that officers don't advise people of their rights when they are arrested, but at the point when they are suspect. He said it would be up to mental health to make a determination once a mentally ill person is picked up.

Chairman Pinsoneault asked how old Mrs. Owens' son is. Sharon Owens replied he is 18 years old, and said she sympathized with law enforcement, as the crisis team in Kalispell was not called. She said there is a psychiatric hospital in Kalispell, and that her son had previously been arrested for misdemeanors. She stated she could not have monitored him, as she is not a nurse, and that someone needs to accept this responsibility. Mrs. Owens commented that the hospital didn't think to call the crisis center.

Closing by Sponsor:

Representative Russell stated that Section 3 of the bill answers some of Senator Rye's questions. She said the Interim Subcommittee found that 104 mentally ill persons were held in Lewis and Clark County in 1989, and that 5 law suits were filed from these cases. She reported that 48 persons were held in Flathead; 15 in Anaconda/Deer Lodge; 22 in Lincoln; and 15 in Butte Silverbow.

Representative Russell further stated that local jails did indicate that holding mentally ill persons is a problem. She said a number of counties ranked this as a serious problem, and that it comes down to "pay now or pay later". Representative Russell told the Committee that Nebraska passed this legislation two years ago with a delayed effective date to meet organizational needs. She said HB 103 has a July 1, 1992 effective date, and that she is agreeable to the amendments.

HEARING ON HOUSE BILL 934

Presentation and Opening Statement by Sponsor:

Representative Fred Thomas, District 62, said the bill originally put a new judge in Ravalli County, a member of the Fourth Judicial District. He advised the Committee that the bill now sets up a commission to recommend apportionment to judicial districts, and that of $99,000 requested, only $7500 remains.

Representative Thomas stated the bill had an excellent hearing in the House Appropriations Committee, and that all County Commissioners were present, as well as the Bar Association, and the Youth Probation Officers. He asked the Committee to add the judge back into the bill, and said this is very important.

Representative Thomas told the Committee that Lewis and Clark County shows three judges and that its populations and percentage is off. He said the bottom of page 1 shows Ravalli County is 20 percent high in population and 31 percent high on caseload. Representative Thomas further stated that Beaverhead County is off 1 percent in population and 7 percent in caseload, which is about typical of where counties should be.

Proponents' Testimony:

George Corn, Ravalli County Attorney, stated that the bill directly impacts about 25,000 people, and that there is not enough judge time for civil or criminal cases or to meet the basic guarantees of the Constitution. He said Missoula County has as many cases as the entire Thirteenth Judicial District, but that district has twice as many people.

Mr. Corn further explained that Ravalli County doesn't get judge time because of the judicial calendar, and that this causes people to remain in the County's substandard jail for a longer period of time, and at greater cost to the County. He said the social cost is that there is no speedy trial or resolution, and that it takes an average of five days to do a commitment to St. Patrick Hospital in Missoula at $1,000 per day.

Mr. Corn told the Committee that people aren't being treated as they should be. He said juveniles must go to Kalispell for detention, and that DUIs stay on the roles for five months because of the calendar. Mr. Corn explained that these people can drive during this period of time, which does not provide the public with adequate protection, nor resolves the problem.

Mr. Corn further advised the Committee that judges must first hear juvenile and criminal cases, and so civil cases suffer. He provided figures from the Supreme Court Administrator's Office (Exhibit #6), and said Ravalli County is one of the fastest growing counties in the state.

George Corn stated that HB 934 is supported by the Ravalli County Commissioners, who are willing to bear costs, and is also supported by Youth Probation. He said the bill has bi-partisan support of Ravalli County elected officials, and that, according to an old saying, "justice delayed is justice denied" .

Charles "Bud" Recht, Ravalli County Bar Association, stated that he recently tried a case in Ravalli County for which it took three years to find a judge with seven days of trial time. He explained that it took one month to get those seven days of trial time. He said that if there is a fifth week in a month, the County does not get a judge, and asked the Committee to amend the judge back into the bill.

Mike Sherwood, Missoula attorney, said he believes "the Committee should like HB 934". He explained that of 3800 felonies

filed in 1989, about 600 of those were in Missoula County, 100 in Ravalli County, and about 100 in Sanders County. Mr. Sherwood advised the Committee that nearly 800 felony cases are handled in an area with 4 judges. He further advised them that 9 percent of these cases go to trial in the state, which is 54 cases per year in Missoula County. Mr. Sherwood stated that he gets "some very good deals for criminal defense in this area", and that he is looking at 4-6 years for a trial in Missoula County. He said he could not think of any opposition to this bill.

Opponents' Testimony:

There were no opponents of the bill.

Questions From Committee Members:

Senator Doherty asked if judges spend one day on law and motion. Mr. Recht replied that if cases are not treated, then they fall further behind.

Senator Doherty commented that having one judge in Portland, Oregon, proved to be helpful. Mr. Recht replied it may be a good idea, but there are differing personalities among the Fourth Judicial District judges.

Senator Grosfield asked if the co-sponsors of the bill were more interested in judicial reapportionment or in adding another judge to Ravalli County. Representative Thomas replied that they were much more concerned with a judge than with a commission, and that he would be glad to trade the commission for a judge.

Chairman Pinsoneault asked how boundaries are determined. Representative Thomas replied it would be Ravalli County only, and that it takes the approximate same percentage of cases out of the Fourth Judicial District.

Closing by Sponsor:

Representative Thomas stated that the apportionment commission is important as a delivery of the judicial system. He said the judge would have been effective March 1, 1992, and asked that the bill be put back to the state in which it was introduced. He commented that if the judge were made effective January 1, 1993, it would cut the fiscal cost in half.

ADJOURNMENT

Adjournment At: 12:55 p.m.

Senator Dick Pinsoneault, Chairman

Joann T. Bird, Secretary

DP/jtb

ROLL CALL

SENATE JUDICIARY COMMITTEE

52nd LEGISLATIVE SESSION -- 1991 Date 9 Apr 91

NAME	PRESENT	ABSENT	EXCUSED
Sen. Pinsoneault	✓		
Sen. Yellowtail			✓
Sen. Brown	✓		
Sen. Crippen	✓		
Sen. Doherty	✓		
Sen. Grosfield	✓		
Sen. Halligan	✓		
Sen. Harp	✓		
Sen. Mazurek			✓
Sen. Rye	✓		
Sen. Svrcek			✓
Sen. Towe	✓		

Each day attach to minutes.

EX #1
9 Apr 91
HB 923

HB BILL NO. 923

A BILL FOR AN ACT ENTITLED: "AN ACT TO REVISE PROCEDURES PERTAINING TO AUTOMATIC INCOME WITHHOLDING FOR THE PAYMENT OF CHILD SUPPORT TO CONFORM WITH FEDERAL REGULATIONS AND TO PROVIDE FOR ENFORCEMENT OF HEALTH INSURANCE OBLIGATIONS THROUGH WITHHOLDING; AMENDING SECTION 40-4-204, 40-5-309, 40-5-411, 40-5-412, 40-5-413, 40-5-414, 40-5-415, 40-5-417, 40-6-116; AND REPEALING SECTION 40-5-425."

COMMITTEE TESTIMONY

By: John M. McRae
Staff Attorney
Child Support Enforcement Division
Department of SRS

Date: 9 APRIL 1991

Before the SENATE JUDICIARY Committee.

Congress, as a condition for the use of federal money to fund State AFDC programs, requires the States to have child support enforcement programs. Congress also requires the States to have or adopt certain specific laws and procedures for use by the child support programs. Failure of a State to enact the specific laws will result in federal sanctions. Failure of State programs to follow federally required tasks and procedures will also result in federal sanctions.

Congress requires the States to have procedures for withholding of a non-custodial parent's income. Originally, for

income withholding to take place there must be a delinquency in the payment of child support equal to one months payment. Montana enacted delinquency based withholding in the 1985 legislative session.

The Family Support Act of 1988 amended the delinquency based withholding procedures to require immediate withholding without regard to the existence of a delinquency. The states must begin immediate withholding in all Title IV-D cases beginning from October, 1990. By January, 1994, immediate withholding must be available for all "other" support orders. As used here, Title IV-D cases are those in which the State pays out either AFDC or medicaid or both. Title IV-D cases may also include families who do not receive public assistance. Those are the families who have applied for CSED non-welfare services. The "other" cases are those in which the CSED is not providing services.

In 1989, Montana enacted legislation which requires immediate withholding for all support orders issued or modified after January 1, 1990. As enacted this procedure applies to Title IV-D cases as well as to all "others". To make the procedures available to the "other" cases, the procedures more or less eliminate the "other" cases. It eliminates them by converting the "other" cases into Title IV-D cases. That is, the custodian parent must apply for CSED services.

With one exception, the withholding procedures enacted by the 1989 legislative session are in full compliance with the Family Support Act of 1988. The one exception to full compliance is when a support order is exempt from immediate withholding. Existing

procedure permit under some circumstances for a support order to be exempt from immediate withholding. When this happens, for withholding to come back into play, the non-custodial parent must be delinquent in the payment of support. However, the feds require withholding to begin immediately upon request of the custodial parent even though there is no delinquency. Montana's law does not permit this to happen. Because of its omission, the feds have threatened Montana with financial sanctions. This Bill amends the existing procedures to correct the omission.

Since enactment in 1989, several practical problems have become apparent. The scope of these problems are such that further amendment to withholding procedures is necessary. As stated, by requiring each custodial parent to apply for CSED services the existing procedures convert all cases into Title IV-D cases. Many of those parents do not want CSED services and resent having to apply for those services. Even if an application is unnecessary, many of the custodial parents do not want immediate withholding. Consequently, those parents are refusing to apply for services as a way to avoid immediate withholding.

The amendments to the withholding procedures try to correct the problem of unwilling or non-cooperative custodial parents. First, except in public assistance cases, the parents will no longer need to apply for CSED services. For those non IV-D, "other" cases immediate withholding must still be available. Therefore, HB 923 divides the existing procedures into two parts; immediate withholding for Title IV-D cases and immediate withholding for all "other" cases. The custodial parents can chose

between CSED services and immediate withholding as a private action independent of the CSED.

Second, though immediate withholding is available in the "other" cases, there is no requirement for the custodial parent to take advantage of it. That is, under the amendment if a parent wants immediate withholding the parent needs to apply to the Clerk of Court for an order. Consequently, if the parent does not want to begin withholding, the parent would simply not apply to the Clerk. Meanwhile, immediate withholding remains available should the custodial parent later feel in need of it.

Existing procedures require the obligor parent to present a copy of the child support order to his or her employer. The employer in turn may begin at once to withhold income based on the order. The result is that the CSED often gets money from an employer before it receives a copy of the support order. The problem becomes compounded in those cases in which the custodial parent fails to provide an application for CSED services. As a result the CSED often receives money without knowledge of who paid it or to whom it belongs to. The amendments cut both of these requirements.

In august of 1990, the feds created rules which supplement immediate withholding requirements under the Family Support Act of 1988. Those regulations are not effective yet. The regulations will be effective before the next legislative session. Therefore, we must amend existing procedures to include those requirements. The main gist of the federal regulations is to further define the conditions under which a Court may exempt a parent from immediate

withholding.

As described, HB 923, in principle part, only amends existing procedures. The amendments either correct problems experienced with existing procedures or they fine tune the procedures to meet federal requirements. HB 923, however, includes an all new procedure never before found in Montana law. This new procedure, adapted from Washington State, applies withholding techniques for enforcement of orders to maintain health insurance coverage for children.

Non-custodial parents in Title IV-D cases have been subject to withholding for payment of child support since 1985. Employers have been withholding employee income from the same date. Consequently, the proposed new procedure imposes only a nominal additional burden on the non-custodial parent and his or her employer. The essence of the new procedure is simple. Whenever a non-custodial parent fails to provide health insurance coverage as ordered the parent's employer will enroll the child in the employer's group plan. The employer will then deduct the premiums, if any, from the non-custodial parent's income.

The feds require the CSED to enforce orders to provide health insurance coverage. Unlike enforcement of child support orders the feds do not require enforcement of insurance coverage orders by any specific technique or procedure. The feds only require the CSED to use those existing remedies now found in state law. The problem with existing state remedies is that they are labor intensive and not cost effective. For example, one remedy is contempt of court; the contempt being the non-custodial parent's failure to get

insurance coverage as ordered. To prosecute for contempt the CSED must bring the action in the Court which issued the order. There are 56 possible Courts where contempt actions are possible. There are only five attorneys in the CSED to prosecute the contempt cases. Travel time to and from each county court demonstrates the lack of cost effectiveness. That is, from the nearest CSED office it is a four hour trip to the Court in Libby. That adds up to eight hours of non productive attorney time which takes away from the time available for other cases.

Another problem with existing remedies is that they are all reactive in nature. The purpose of enforcing health insurance coverage is to reduce medicaid payments. Private insurance replaces the need for reliance on medicaid. However, failure of a parent to provide coverage as ordered creates unnecessary dependency on medicaid. Unfortunately, under the existing remedies there is no practical way to know when a parent fails to provide coverage until the medicaid fund is billed. By that time it is too late, medicaid foots the bill instead of private insurance. When this happens, it thwarts the purpose of enforcing health insurance orders.

The proposed new legislation creates a proactive form of remedy. If the non-custodial parent fails to provide health insurance as ordered the employer will enroll the children in the employer's group plan. The employer will then automatically deduct the premiums from the non-custodial parent's income. The non-custodial parent will not have a second or third opportunity to become delinquent as often happens under existing, reactive type

remedies.

The proposed new legislature does give the non-custodial parent some relief from the process. He or she can have an administrative hearing to determine whether the insurance premiums are too high under the circumstances. If found to be too high the CSED will not require employers to enroll children and deduct the premiums from parental income.

In short, HB 923 create a low impact but effective means of accomplishing a significant state interest, i.e., to reduce the dependency or medicaid by making private health insurance available whenever possible.

For all of the above discussed reasons, the CSED urges the Committee to pass HB 923.

Exhibit # 1
4/9/91 HB 923

WASHINGTON STATE

26.18.170. Health insurance coverage—Enforcement

(1) Whenever an obligor parent who has been ordered to provide health insurance coverage for a dependent child fails to provide such coverage or lets it lapse, the department or the obligee may seek enforcement of the coverage order as provided under this section.

(2)(a) If the obligor parent's order to provide health insurance coverage contains language notifying the obligor that failure to provide such coverage may result in direct enforcement of the order and orders payments through, or has been submitted to, the Washington state support registry for enforcement, then the department may, without further notice to the obligor, send a notice of enrollment to the obligor's employer or union by certified mail, return receipt requested.

The notice shall require the employer or union to enroll the child in the health insurance plan as provided in subsection (3) of this section.

(b) If the obligor parent's order to provide health insurance coverage does not order payments through, and has not been submitted to, the Washington state support registry for enforcement:

(i) The obligee may, without further notice to the obligor send a certified copy of the order requiring health insurance coverage to the obligor's employer or union by certified mail, return receipt requested; and

(ii) The obligee shall attach a notarized statement to the order declaring that the order is the latest order addressing coverage entered by the court and require the employer or union to enroll the child in the health insurance plan as provided in subsection (3) of this section.

(3) Upon receipt of an order that provides for health insurance coverage, or a notice of enrollment:

(a) The obligor's employer or union shall answer the party who sent the order or notice within thirty-five days and confirm that the child:

(i) Has been enrolled in the health insurance plan;

(ii) Will be enrolled in the next open enrollment period; or

(iii) Cannot be covered, stating the reasons why such coverage cannot be provided;

(b) The employer or union shall withhold any required premium from the obligor's income or wages;

(c) If more than one plan is offered by the employer or union, and each plan may be extended to cover the child, then the child shall be enrolled in the obligor's plan. If the obligor's plan does not provide coverage which is accessible to the child, the child shall be enrolled in the least expensive plan otherwise available to the obligor parent;

(d) The employer or union shall provide information about the name of the health insurance coverage provider or insurer and the extent of coverage available to the obligee or the department and shall make available any necessary claim forms or enrollment membership cards.

(4) If the order for coverage contains no language notifying the obligor that failure to provide health insurance coverage may result in direct enforcement of the order, the department or the obligee may serve a written notice of intent to enforce the order on the obligor by certified mail, return receipt requested, or by personal service. If the obligor fails to provide written proof that such coverage has been obtained or applied for within twenty days of service of the notice, or within twenty days of coverage becoming available the department or the obligee may proceed to enforce the order directly as provided in subsection (2) of this section.

(5) If the obligor ordered to provide health insurance coverage elects to provide coverage that will not be accessible to the child because of geographic or other limitations when accessible coverage is otherwise available, the department or the obligee may serve a written notice of intent to purchase health insurance coverage on the obligor by certified mail, return receipt requested. The notice shall also specify the type and cost of coverage.

(6) If the department serves a notice under subsection (5) of this section the obligor shall, within twenty days of the date of service:

(a) File an application for an adjudicative proceeding; or

(b) Provide written proof to the department that the obligor has either applied for, or obtained, coverage accessible to the child.

(7) If the obligee serves a notice under subsection (5) of this section, within twenty days of the date of service the obligor shall provide written proof to the obligee that the obligor has either applied for, or obtained, coverage accessible to the child.

(8) If the obligor fails to respond to a notice served under subsection (5) of this section to the party who served the notice, the party who served the notice may purchase the health insurance coverage specified in the notice directly. The amount of the monthly premium shall be added to the support debt and be collectible without further notice. The amount of the monthly premium may be collected or accrued until the obligor provides proof of the required coverage.

(9) The signature of the obligee or of a department employee shall be a valid authorization to the coverage provider or insurer for purposes of processing a payment to the child's health services provider. An order for health insurance coverage shall operate as an assignment of all benefit rights to the obligee or to the child's health services provider, and in any claim against the coverage provider or insurer, the obligee or the obligee's assignee shall be subrogated to the rights of the obligor. Notwithstanding the provisions of this section regarding assignment of benefits, this section shall not require a health care service contractor authorized under chapter 48.44 RCW or a health maintenance organization authorized under chapter 48.46 RCW to deviate from their contractual provisions and restrictions regarding reimbursement for covered services. If the coverage is terminated, the employer shall mail a notice of termination to the department or the obligee at the obligee's last known address within thirty days of the termination date.

(10) This section shall not be construed to limit the right of the obligor or the obligee to bring an action in superior court at any time to enforce, modify, or clarify the original support order.

(11) Nothing in this section shall be construed to require a health maintenance organization, or health care service contractor, to extend coverage to a child who resides outside its service area.

Enacted by Laws 1989, ch. 416, § 5, eff. May 13, 1989.

26.18.180. Liability of employer or union—Penalties

(1) An obligated parent's employer or union shall be liable for a fine of up to one thousand dollars per occurrence, if the employer or union fails or refuses, within thirty-five days of receiving the order or notice for health insurance coverage to:

(a) Promptly enroll the obligated parent's child in the health insurance plan; or

(b) Make a written answer to the person or entity who sent the order or notice for health insurance coverage stating that the child:

(i) Will be enrolled in the next available open enrollment period; or

(ii) Cannot be covered and explaining the reasons why coverage cannot be provided.

(2) Liability may be established and the fine may be collected by the office of support enforcement under chapter 74.20A or 26.23 RCW using any of the remedies contained in those chapters.

(3) Any employer or union who enrolls a child in a health insurance plan in compliance with chapter 26.18 RCW shall be exempt from liability resulting from such enrollment.

Enacted by Laws 1989, ch. 416, § 9, eff. May 13, 1989.

Exhibit # 1
4/9/91 HB 923

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Child Support Enforcement

FEB 25 1991

RECEIVED
FEB 28 1991
ADMINISTRATION

Region VIII
Federal Office Building
1961 Stout St.
Denver CO 80294

Julia E. Robinson
Director
Department of Social and
Rehabilitation Services
P.O. Box 4210
Helena, Montana 59604

Dear Ms. Robinson:

This is to advise you that we are unable to approve section 2.12-1 of Montana's State IV-D plan as submitted on Transmittal Number 90-13 because we find that the requirements of the Family Support Act, (Public Law 100-485, Section 101) regarding Immediate Income Withholding are not fully met. Therefore, in accordance with 45 CFR 301.13(c), we are recommending that the Director of the Office of Child Support Enforcement (OCSE) disapprove the Montana IV-D State Plan. OCSE will follow the procedures set forth in OCSE-AT-86-21 for disapproval of a State Plan.

The basis for this recommendation is that the amendment fails to fully address the requirements of Section 101 of the Family Support Act of 1988, amending Section 466(b)(3) of the Social Security Act, to require that, with respect to all IV-D cases not subject to immediate withholding, wages of the absent parent shall become subject to withholding:

> On the date on which the payments which the absent parent has failed to make under a support order are at least equal to the support payable for one month, or, if earlier, and without regard to whether there is an arrearage, the earliest of : (i) the date the absent parent requests that such withholding begin, (ii) the date as of which the custodial parent requests that such withholding begin, if the State determines, in accordance with the procedures and standards as it may establish, that the request should be approved, or (iii) such earlier date as the State may select.

While we believe that § 40-5-411(1)(b), MCA, addresses the one month rule, and that Montana's Procedures Manual CS 510.4 addresses the procedures for allowing an absent parent to request withholding, the remaining Federal requirements are not met. Specifically, Montana law does not allow the custodial parent to request withholding, regardless of whether there are arrearages, and does not have procedures/standards to determine if such a request should be approved. Therefore, we are recommending disapproval of the State IV-D plan.

As you know, if Montana's State Plan is disapproved in accordance with sections 452(a)(3) and 455(a)(1)(A) of the Social Security Act (the Act), there is no authority to expend Federal funds under

Title IV-D of the Act for the operation of a State child support enforcement program unless such State has an approved State IV-D plan. A determination that a State IV-D plan is disapproved will result in immediate suspension of all Federal payments for the State's child support enforcement program, and such payments will continue to be withheld until the State IV-D plan can be approved by OCSE. In addition, Montana may be subject to reduction in funding of its Aid to Families with Dependent Children program under Title IV-A of the Act. This reduction will be governed by section 404(d) of the Act. If a State is dissatisfied with the Director's decision, reconsideration may be requested pursuant to 45 CFR § 301.14. However, withholding of Federal payments cannot be stayed pending reconsideration.

Due to the extreme gravity of this situation, we urge you to take whatever steps are necessary to ensure that the State of Montana's IV-D program remains in compliance with Federal statutes and regulations. This office will review any additional statutes or procedures which the State of Montana may wish to submit which may implement Public Law 100-485, Section 101.

If you have any questions regarding this issue, please contact Doreen McNicholas, Program Specialist, at (303) 844-5594.

Sincerely,

Guadalupe Salinas
Regional Representative
OCSE/FSA

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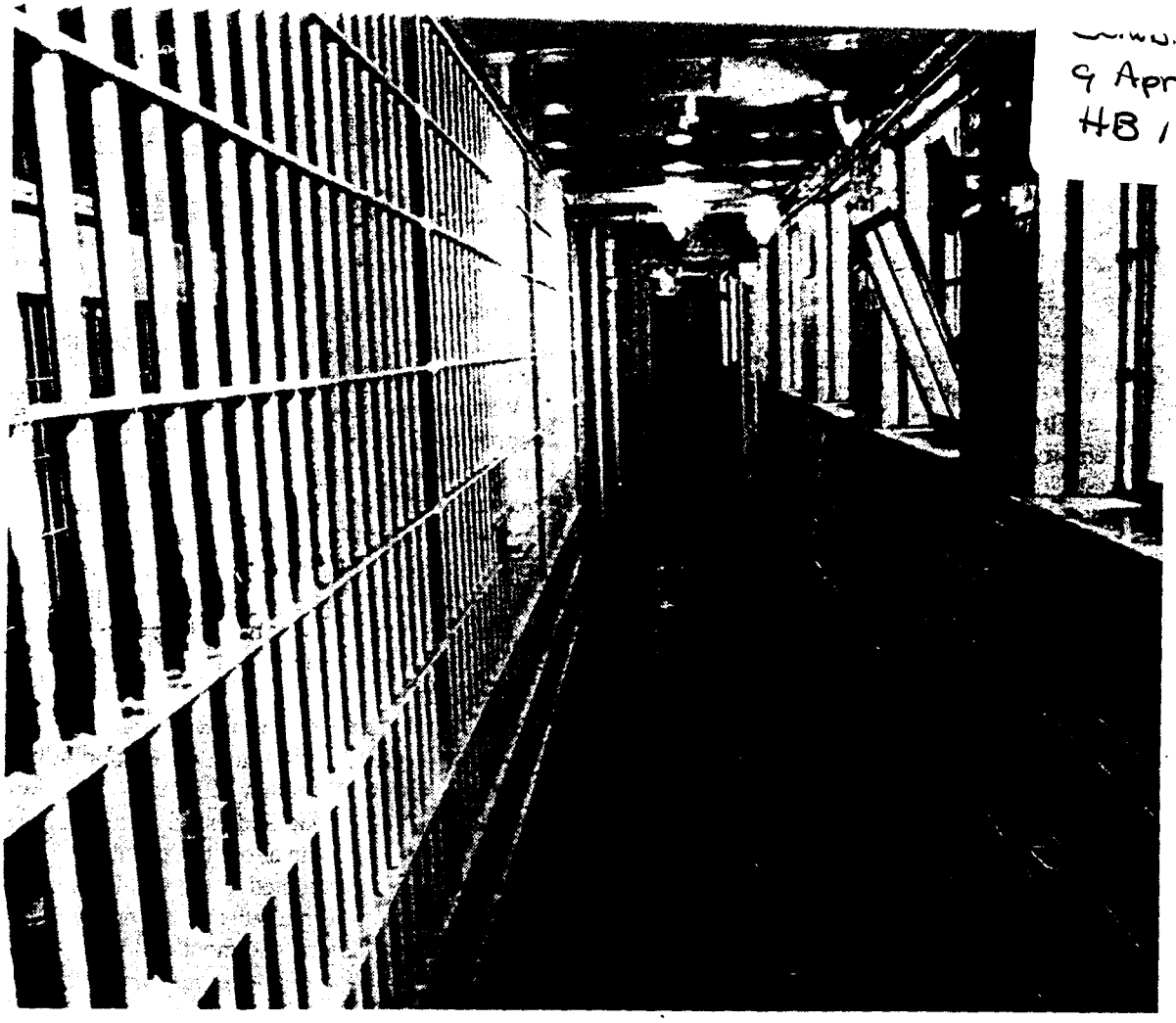

9 Apr 9
HB 103

Jail Is No Place for Someone Who Is Mentally Ill

By Dianne Bufton
Montana Consumer Council

Kalispell, Mont.—When mental illness got the best of me, this state's idea of "treatment" was to put me in jail.

I had not been charged with any crime. I was not a good person turned bad. I was simply sick, confused, lost, despondent and afraid. But I was nevertheless handcuffed, driven in the caged, back end of a squad car and taken to sit in a jail cell for days.

My illness did not require steel bars or a padded cell. It did not require a metal bunk, lack of privacy, abandonment and seclusion. My illness required doctors, not jailers. My illness required understanding: someone to talk to and someone to listen and talk back to me.

In most of Montana and Idaho, mentally ill people are routinely taken first to the county jail—where they are put in a cell, and held for days, sometimes weeks—before any medication is prescribed or any treatment begins. Last year, in Montana, 319 mentally ill persons languished in 30 county jails without any criminal charges pending.

NAMI groups are working to outlaw this practice. We believe the state has an obligation to set up crisis teams, and "safe homes" with a psychiatric nurse on duty. Hospitals also have an obligation to care for these people. There are three hospitals within 15 miles of Kalispell, but none of them accept mentally ill people who have been involuntarily committed.

Joshua Lloyd was a 14-year-old boy from Kalispell who had seizures. He was placed in a padded cell in the county jail here overnight, received no medical attention, and died. His family is suing the state for negligence.

The state does not put people in jail for being diabetic or having heart disease. They wouldn't think of it. I await the day when mental illness will be classified in people's eyes as a very serious medical condition. I also await the day when mentally ill people will be treated with respect, dignity, empathy and understanding.

Jail is not, and never will be, a place to receive the services we need. Let's work together and continue to fight to see that this injustice is stopped. ◆

EX #3
9 Apr 91
HB 103

AMENDMENT TO HB 103 - Third Reading Copy

Proposed by Department of Institutions

1. Page 7.
Following: Line 6
Insert: "(2) The department shall provide leadership in developing county plans for crisis intervention services which will provide alternatives to placement in jail. The department shall provide information and technical assistance regarding needed services and assist counties in developing plans for the provision of alternatives to jail placement.

(3) No later than April 1, 1992, each county, with the assistance of the department and local agencies, shall establish a plan for appropriate services to persons awaiting commitment hearings. The following agencies and individuals will assist the counties in establishing and implementing the plans:

(a) mental health centers licensed under Title 50, Chapter 5, Part 2;
(b) hospitals licensed under Title 50, Chapter 5, Part 2;
(c) law enforcement agencies;
(d) psychiatrists licensed under Title 37, Chapter 3;
(e) psychologists licensed under Title 37, Chapter 17;
(f) social workers licensed under Title 37, Chapter 22;
(g) professional counselors licensed under Title 37, Chapter 23; and,
(h) professional persons certified under Title 53, Chapter 21, Part 1.

It is the intent of the legislature that these and other appropriate local agencies will jointly and cooperatively plan and implement appropriate local alternatives to jail for the detention of mentally ill persons pending commitment hearing or trial."

Renumber: subsequent subsection.

(EX #7)
9 Apr 91
HB 103

April 9, 1991

Senate Judiciary Committee

Montana Alliance for the Mentally Ill

MonAMI

SUPPORTING HB 103 TO PROHIBIT THE JAILING OF PERSONS WITH A MENTAL ILLNESS BEFORE A CIVIL COMMITMENT HEARING

Chairman Pinsoneault and Members of the Committee;

I am Marty Onishuk, representing MonAMI, an organization of consumers with mental illesses and their families. We now have eight chapters in Montana.

Mental illnesses, like all diseases, have physiological causes and are not caused by character flaws or bad parenting. Disturbances of electrical impulses along and between nerve cells in the brain cause confused thought patterns. Cat scans and MRI show differences in the brain between people who are mentally ill and those who are not. Research is progressing and we feel that, by the end of the 1990's, treatments and medications will be available to control the symptoms of these debilitating, frightening, cyclical diseases now keeping people from leading productive, happy lives.

HB 103 will prohibit the jailing of persons experiencing active symptoms of their disease--hallucinations, disturbed thoughts, fear, paranoia, anger--which can lead to socially unacceptable behaviors. Some of these behaviors are called misdemeanors.

Because civil rights laws, correctly, do not allow persons to be committed to a mental facility without a court hearing, the police and sheriffs who often are called to deal with people exhibiting symptoms must have a safe place to protect the person and society for a few days before a court appearance.

In the past, this place has been jail. This is no longer acceptable nor does this meet the legal requirement of "least restrictive environment detention". No other disease results in its victims being jailed because of symptoms of the disease. A diabetic in a coma is properly treated in the emergency room and admitted to the hospital, if warranted. A person with a mental illness requires medical treatment; a jail is not a treatment setting and does not have trained staff. The mentally ill should be admitted to the nearest hospital with the capacity to treat as is done for other diseases or injuries.

Throughout the country, programs are being developed to divert the mentally ill from jail. (See two attached pamphlets from the Natl. Assoc. of Counties.) Alternatives can include crisis intervention teams, safe houses, in-home support systems, for instances, which would eliminate the need for hospitalization and return consumers more quickly and more humanely to their homes.

Supporting HB 103.

In Montana we've had three known jail deaths of people with mental illnesses. Dale Johnson died in the Polson jail in 1986, Joshua Lloyd in the Flathead Co. Jail in 1988 and Jim Reynolds in the Missoula Co. jail last month. A $10 million lawsuit in the Lloyd case is about to go to trial with Moriarity and Spence of Wyoming as the plaintiffs' law firm.

Even now, people with mental illness are being jail in Flathead Co. even though a pilot crisis intervention program is in place. Because jailing is not prohibited, the mental health center is not always called by the hospital or the jail to consider alternatives to jail. Support for alternatives have been funded by the United Way and the County but are not being used.

Because HB 103 does not go into effect until July 1, 1992, communities have time to develop alternatives to jailing with the community mental health center, the county government, jails and law enforcement, and hospitals all playing a part. But this will not succeed unless jailing is prohibited (and maybe a reduction in mental health center funding if alternatives not developed.)

SB 391 provides some help with targeted case managers being funded under the D of I budget without an additional appropriation. Approximately 60% of the 319 mentally ill people jailed last year are eligible for medicaid. The cost for others is now being paid by some counties if they are hospitalized. If more lawsuits are won, counties will pay more through settlements and increased liability insurance.

Currently 24 jails (49%) routinely handle people with mental illness and 20 jails (41%) routinely jail people before civil commitment hearings ALTHOUGH NO CRIME HAS BEEN COMMITTED according to information in the interim committee report. This jailing in probably unconstitutional.

Please support HB 103 which removes the loophole allowing counties to state no alternatives to jail exist without requiring any effort to provide alternatives.

Martha L. (Marty) Onishuk
5855 Pinewood Lane
Missoula, Mt. 59803
251-2754

Exhibit # 4
HB 103 4/9/91

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.

National Association of Counties (NACo) — 440 First Street, N.W., Washington, D.C. 20001 (202) 393-6226

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)

Exhibit # 4
HB 103 4/9/91

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 communication, 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 # 4
HB 103 4/9/91

The jailing issue is still not solved--especially in Flathead Co.

This is info I have so far.

The individual was a patient at Glacier View Hospital He was refused re-admission when the police took him there after being examined by KRH.

The Crisis Intervention team in Kalispell was not contacted.

Glacier View Psychiatric Hospital said they would provide services when they got there certificate of need from the Dept. of Health but has never done so

Glacier View is under new management and the MHC has been trying to make some accommodation with them, but not finalized.

Jail is still being used to hold persons who are mentally ill in Montana.

Fast-acting Kalispell cop prevents suicide

Pol - Main - 2/19/91

By DON SCHWENNESEN
of the Missoulian

KALISPELL — Fast action by a Kalispell police sergeant saved the life of a 36-year-old man who walked away from a treatment center Sunday and tried to hang himself with a heavy-duty power cord.

The man was only missing when Sgt. Phil Fisher got the radio call shortly after noon to help find him, but the officer said he had an odd feeling that this was an emergency.

"I got a strong feeling I should get right there," he said.

Racing to the spot where the man had last been seen, Fisher was told by a resident that the man had been spotted on an outdoor stairway on a nearby building.

Fisher hastened to the stairway, where the man had tied a heavy cord to a rain gutter, wrapped it around his neck and then walked down the stairs to hang himself.

Fisher grabbed the man around the waist in a bearhug, lifted him back up the stairs, then pinned him against the wall with his shoulder and one arm while trying to free the cord from the man's neck.

"It's surprising how strong you are when you get a little adrenalin going," said Fisher, 46, who weighs 230 pounds but had his hands full with the 190-pound man.

The man was gurgling while Fisher struggled to loosen three loops of cord and a half-knot wrapped tightly around his neck, but when finally freed, the man stopped breathing.

The stunned officer realized he now had to apply cardio-pulmonary resusitation, but suddenly the man began breathing again.

As he started to regain consciousness, he started to struggle. Fisher, already winded from the effort to free the man, now had to pull him down the stairs and handcuff him without hurting him. Even handcuffed, the man continued to resist whipping his body back and forth.

Fisher said his size has always been a asset in law enforcement, but "I didn't realize I was that strong."

The man he rescued had been under treatment for depression. Fisher took hi to Kalispell Regional Hospital for X-ray and a check of his neck, then to the county jail where he was held overnight a special cell before being returned to treatment.

"It's kind of gratifying to be able to do something like that once in a while t help someone," said Fisher, adding tha he hopes the man will recover with treatment.

Exhibit # 4
HB 103 4/9/91

EXEMPLARY COUNTY MENTAL HEALTH PROGRAMS:

The Diversion of People with Mental Illness from Jails and In-Jail Mental Health Services

NATIONAL ASSOCIATION of COUNTIES

- A Comprehensive Approach to The Provision of Emergency Mental Health Services: The Key to Successful Diversion
- Sheriff's Deputies Trained as Mental Health Technicians
- In-Jail Mental Health Treatment Program
- Suicide Prevention Through Training of Jail Staff

CONCLUSIONS

Appropriate treatment for people with mental illness who are involved with local criminal justice systems is a critical issue for counties nationally. Many communities jail these individuals because they do not have identifiable alternatives. In the case of misdemeanants, the contact with the criminal justice system has very little to do with criminality.

The jail environment is one that can cause deterioration of an individual who is mentally ill, thereby worsening his ability to cope and possibly leading to suicide attempts.

Most local jails are overcrowded and many communities are reaching a point where the jails simply cannot accommodate misdemeanor offenders regardless of their mental health status. This phenomenon however has not changed the expectation of communties that the local police or sheriff must respond to problems caused by people with mental illness on a 24-hour basis.

Some important considerations emerged in this examination of county efforts to constructively deal with the problems of the mentally ill in jails. These include:

- All appropriate agencies and service providers must collaborate in responding to the problem, and designing effective solutions. These agencies and providers should include: county commissioners, mental health boards, sheriff and police departments, appropriate representatives of the judicial system, mental health service providers, and consumer organizations.

- Once a county has made a commitment to institute and provide alternatives to incarceration of mentally ill misdemeanants, there must also be an appropriate commitment to educating the community about the availabilty of alternative services.

- Training of police and sheriff's departments about mental illness and appropriate handling of people with mental illness is crucial to direct or refer those people requiring their attention to appropriate treatment.

- It is very important to have mental health and corrections personnel who are willing to work within the jail enviorment, and will work with individuals with mental illness who have had involvement with the criminal justice system. This willingness to work this population should be further enhanced with appropriate training to increase staff effectiveness.

- While inmates with mental illness usually account for less than 15% of a jails population, the lack of suicide prevention and treatment services can create tremendous management and liability problems for the jail's staff. The availability and accessibility of mental health services in the jail setting is an asset to the patient, normal jail operations, and the court system.

Mail 3/26/91

B-4

Prisoner's death not yet resolved; probe continues

An autopsy was conducted Monday on a Missoula man who died at St. Patrick Hospital on Sunday after suffering seizures at the Missoula County Jail, but a specific cause of death has not yet been determined.

James Reynolds, 43, had been arrested Saturday after allegedly attacking three people with a coffee mug at Grady's Restaurant in Southgate Mall.

Reynolds, who had been under psychiatric care before his arrest, had been kept in isolation in the jail Saturday, and was transferred to the hospital after suffering a series of seizures Sunday. He died about 4:40 a.m. Sunday.

An autopsy conducted at the State Crime Lab Monday showed evidence of "some heart problem," police Capt. Pete Lawrenson said, but a precise cause of death was not determined. Results from toxicology reports were not complete Monday.

A coroner's jury was impaneled Monday and will begin work Tuesday under the guidance of a civilian coroner.

— Michael Moore, Missoulian

ROUNDUP

Resident ok Eddy Hour

Jailed man dies after seizure

■ A 43-year-old Missoula man died at St. Patrick Hospital early Sunday morning after suffering a seizure while he was being held at the Missoula County Jail, Sheriff Doug Chase said.

According to Chase, city fire and ambulance personnel were called to the jail at approximately 3:30 a.m. when prisoner James Reynolds became ill.

Reynolds, who had been arrested by city police at Southgate Mall on assault charges Saturday, was transported to the hospital where he died an hour later, Chase said.

Dr. Gary Dale, the state medical examiner, is scheduled to perform an autopsy Monday to determine the exact cause of death, Chase said, and County Attorney Robert L. Deschamps will select a civilian coroner from outside of Missoula to conduct an inquest.

He said as soon as a coroner is named, the county will begin the process of impaneling a jury for an inquest.

Maxene Renner, Missoulian

Exhibit # 4
HB 103 4/9/91

among local governments when growth problems cross local government boundaries; to achieve consistent planning that meshes the needs of neighboring local governments; and to balance decision making on complex growth issues.

Brown's legislation seeks to establish seven regional development and infrastructure agencies: the San Francisco Bay Area region, the Los Angeles region, the San Diego region, the Sacramento Valley region, the Central Valley region, the North Central Coast region and the South Central Coast region. Each of the regional agencies would be governed by 13 elected board members. Special purpose agencies would be combined in the new regional agencies, thereby consolidating all planning, operating and financing powers. The plans, ordinances and regulations of all local governments and special districts would have

Law Keeps Mentally Ill Out of Jail

The mentally ill can no longer be jailed in Nebraska if they have not committed a crime, the result of legislation passed in 1988 that became effective Jan. 1, 1991. The law is the first of its kind to deal with the all-too-common situation of jailing a mentally ill person for minor disruptive behavior because jail is the only available facility.

Lawmakers delayed full implementation of the law for a couple of years to give Nebraska counties – many of which are in sparsely populated rural areas – time to develop alternatives. At the same time, the Legislature worked to build funding into future budgets to help the localities meet the law's requirements, according to the sponsor, Senator Don Wesley of Lincoln.

Funding was provided in separate, subsequent legislation that changed fiscal policy to relieve counties of responsibility for funding new mental health programs adopted by the Legislature. Counties continue to finance a portion of existing mental health programs, and by removing the fiscal disincentive for expanding services, a state-local partnership is developing for implementation of new, needed services. For FY 1991, the state will provide an estimated $2.3 million to help equip Nebraska towns with enough protective-custody beds for emergencies.

As of 1991, Nebraska counties with a city of 5,000 people or more must contract with facilities within or outside the county to provide care for the mentally ill who would otherwise be jailed, and are prohibited from using jail for emergency protective custody. Counties without a city of 5,000 people or more may contract for care and must immediately notify the county community mental health center when a mentally ill person is brought to jail, for help in placing the individual in a mental health center, state hospital, community or private hospital within 24 hours. The law formalizes links between jails and mental health service providers and establishes requirements for better diagnosis and reporting. Senator Wesley says the state now is providing for better availability and delivery of mental health services as well as keeping county jails from being the inappropriate dumping ground for the mentally ill.

Ex #5
9 April
HB 103

Dear Senator Brainard,

I am writting to you because I believe you are fair and will address an issue deemed cruel and needs be quickly corrected, the jailing of the mentally Ill. Two weeks ago my Husband and I took our 18 year old Son to the emergency room at Kalispell Regional Hospital, our Son had over dosed on perscription Drugs. Our funds are limited and there were no hospitals that would accept him, the Doctor suggested calling the Sheriffs office and the would issue a warrant for his involuntary commitement so that he could get treatment. We agreed, we had know idea they would pick him up from the emergency room within the hour and place him in a padded cell, that he would have only deputs to monitor his health, and he would be evaluated seriously mentally ill without being able to remeber the Doctors name. We didnt know we wouldnt be able to see him or even be able to find out what seriously mentally Ill ment until many days later.

He wrote a letter from jail asking me to forgive him for being a bad son, the last time I saw him they were leading him from the court room and told him he couldnt hug me, just to say good bye.

I dont understand, I feel guilty, and mostely I feel like my Son has been treated grossly unjust by our system. There was a time all I could do was cry, now I"de like to know what is being done to correct this midevil process ?

Do you have answers, suggestions and advice, Please Support House Bill 103.

Thank You,
Sharon Owens
904 2nd. ave. west
Kalispell, Mt. 59901

HB 103
4-9-91

Support H.B. 103

P.O. Box 34
Dayton
Mt. 59914
4.8.91

Dear Senator Yellowtail

Please support House Bill 103 "Prohibiting Jailing the Mentally Ill while they are waiting a committment hearing."

I am a widow over 80 years of age in 1986 my only son Dale Johnson died in the county jail. He was a paranoid schiziophrenic and had been in and out of the Warm Springs hospital many, many times for over 20 years. His only crime was he was a very ill man who never hurt anyone in his life.

I loved him with all my heart.

God Bless you in your work.

Sincerely yours
Myrtle Johnson
Myrtle Johnson

o foul play in death at jail

crime laboratory officials
rently pointing to natural
as the reason for the death
ednesday of a 49-year-old
man in the Lake County

County Sheriff/Coroner
ldrich said earlier this week
told by a pathologist from
in Missoula that the initial
on Dale Williams Johnson
far revealed no evidence of
blows to the head or brain
hage to explain the man's
Geldrich noted that a report
oxicologists on tissue and
amples is still up to six weeks

away, and in the meantime local lawmen will be checking on Johnson's past medical history.

"We're going to have to do a little digging to help them all we can," the sheriff said.

Geldrich said Johnson had been in and out of the county jail many times in the past 20 years, all for incidents involving mental problems. He was hauled into the jail for the last time on Sept. 1 after the dispatcher received a call at about 7 a.m. claiming Johnson was going berserk and attacking his elderly mother. While he was being held in protective custody, Johnson was examined by a doctor from the Western Montana Regional Mental Health Center in Ronan and judged not to represent a danger to himself or others.

That ruling meant Johnson could be taken to the psychiatric ward at St. Patrick Hospital in Missoula or to the state mental hospital at Warm Springs. But Geldrich said he was afraid Johnson was in no condition to be released on his own so he was charged with domestic abuse and locked up in a solitary confinement cell.

Johnson's sister then made arrangements to have her brother sign a voluntary commitment release to Warm Springs and the family made plans to take him there under sedation last Wednesday. But at about 2 a.m. that morning, jailer Allen Collier noticed Johnson wasn't breathing and called an ambulance.

The ambulance crew determined that Johnson had died and a coroner's jury was called later that morning to view the body before it was sent to Missoula.

Chairman Senator Dick Pinsoneault

Support H.B.103

HB 103
4-9-91

Dear Senator BoB BRown

I have been told that you are trying to change things for seriously mentally ill. I hope and pray you can help them.

My name is Myrtle Johnson, I am a widow over 80 years old and cannot travel much. I am sending this letter with my dear AMI friend. Please listen to me.

My only son Dale died Sept. 3rd.1986 on the Labor Day weekend. He died worse than a dog in the county jail. He was not suicidal, homicidal or a criminal. He was a paranoid schizo phrenic and had been in Warm Springs over 25 times since he took ill at age thirty.

Dale was the gentlest and kindest of sons and men. He worked in the woods, was a good mechanic and could fix most things. When he was on his medication he did well. His best time was when he was at a half way hose Harbinger House in Kalispell. and went to the Lamplighter every day. He had friends and came home weekends.

However, he began to get sick and was so out of it that he was picked up and jailed. In jail he got worse. and was so agitated and scared that he was bouncing off the walls and keeping everyone upset in the jail. The evening of his death was terrible, the deputy begged for a doctor or professional to come and see him. Even when he was dying no one came to see him no one took him to a hospital. Because he was a schizophrenic , he was crazy and treated worse than any criminal.

I asked God to give Dale peace and lift this heavy burden. God took him home where he and his dad are waiting for me. But I can never forget his last words to me were" You sold me down the river. I'll die if I get put in prison."

My only request is that sick people like Dale be taken to hospital and if that is impossible they should be seen by a doctor and treated and checked to see if they have any other illness as well. After they are treated they should have a safe and decent place to stay. I cannot write anymore. Dale was my little one. "Can a woman forget her ~~her~~ sucking child? Yea, they may forget, yet I will not forget thee. I have graven thy name upon the palm of my hand." Isaiah 49 V. 15.

I beg of you to not let such a terrible fate happen to any more of our children.

God bless your work.

Yours sincerely Myrtle J.

Myrtle Johnson
P.O. Box 34
Dayton Mt. 59914

EX #4
9 Apr
HB9

STATISTICS ON SELECTED JUDICIAL DISTRICTS *

District and County	Population 1990	Criminal Filings 1990	Civil Filings 1990	Domestic Relations 1990	Adoption 1990	Sanity 1990	Juvenile 1990	Probate 1990	Number of Judges
PROPOSED 21st Judicial Dist. Ravalli County	25,004 **	101	302	144	30	8	53	66	None at Present 1 Proposed
3rd Judicial Dist. Deer Lodge, Granite and Powell Counties	19,326	101	314	150	7	108	76	125	One
5th Judicial Dist. Beaverhead, Jefferson and Madison Counties	22,338	124	268	110	20	15	69	122	One
6th Judicial Dist. Park and Sweetgrass Counties	17,609	44	226	151	9	11	43	80	One
12th Judicial Dist. Chouteau, Hill and LIberty Counties	25,305	77	301	151	29	5	45	143	One
19th Judicial Dist. Lincoln County	17,454	135	247	136	20	7	44	63	One

The 7th, 10th, 14th and 15th Judicial Districts also have less population and less case load than Proposed Judicial District 21. Each of these Districts has its own Judge.

* These figures, except the Ravalli County figures, were taken from the 1990 judicial report entitled "Montana Courts" prepared by the Court Administrator for the Montana Supreme Court. The Ravalli County figures were supplied by Jane Hayden, the Data Control Clerk for the Montana Supreme Court.

** 1990 U.S. Census figure supplied by the Ravalli County Clerk and Recorder's Office.

Exhibit # 6a
HB 934 4/9/91

H.B 934

TABLE A

JUDICIAL DISTRICT COURTS

COMPARISON OF STATE AVERAGE TO DISTRICTS

FISCAL YEAR 1989-90

DICIAL STRICT	COUNTY	NUMBER OF JUDGES	POPULATION	TOTAL DISTRICT COURT COSTS FY '90 *	TOTAL CASES FILED**	STATE AVERAGE POPULATION FOR JUDGES IN DISTRICT(1)	DISTRICT ABOVE (BELOW) AVERAGE	PERCENT DIFFERENCE FROM AVERAGE	STATE AVERAGE CASES FOR JUDGES IN DISTRICT(2)	DISTRICT ABOVE (BELOW) AVERAGE	PERCENT DIFFERENCE FROM AVERAGE
1	LEWIS AND CLARK		47,000	$800,357.25	2,352						
	BROADWATER		3,500	$92,395.12	129						
	Total	3	50,500	$892,752.37	2,481	67,067	(16,567)	-25%	2,244	237	11%
2	BUTTE-SILVER BOW		33,200	$672,881.78	1,068						
	Total	2	33,200	$672,881.78	1,068	44,711	(11,511)	-26%	1,496	(428)	-29%
3	ANACONDA-DEER LODGE		10,000	$177,182.14	467						
	POWELL		6,800	$97,600.32	231						
	GRANITE		2,600	$62,624.15	113						
	Total	1	19,400	$337,406.61	811	22,356	(2,956)	-13%	748	63	8%
4	MISSOULA		78,300	$1,400,359.20	3,098						
	RAVALLI		25,700	$397,487.74	734						
	MINERAL		3,400	$60,367.64	79						
	Total	4	107,400	$1,858,214.58	3,911	89,422	17,978	20%	2,992	919	31%

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HB 934 4/9/91

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JUDICIAL DISTRICT COURTS
COMPARISON OF STATE AVERAGE TO DISTRICTS
FISCAL YEAR 1989-90

JUDICIAL DISTRICT	COUNTY	NUMBER OF JUDGES	POPULATION	TOTAL DISTRICT COURT COSTS FY '90 *	TOTAL CASES FILED**	STATE AVERAGE POPULATION FOR JUDGES IN DISTRICT(1)	DISTRICT - ABOVE (BELOW) AVERAGE	PERCENT DIFFERENCE FROM AVERAGE	STATE AVERAGE CASES FOR JUDGES IN DISTRICT(2)	DISTRICT ABOVE (BELOW) AVERAGE	PERC DIFFER FROM AV
5	BEAVERHEAD		8,300	$162,847.41	324						
	JEFFERSON		8,300	$146,420.40	227						
	MADISON		5,600	$57,344.73	142						
	Total	1	22,200	$366,612.54	693	22,356	(156)	-1%	748	(55)	
6	PARK		12,300	$152,174.21	466						
	SWEET GRASS		3,200	$53,227.48	87						
	Total	1	15,500	$205,401.69	553	22,356	(6,856)	-31%	748	(195)	
7	DAWSON		10,100	$179,881.62	352						
	RICHLAND		11,800	$80,085.00	373						
	McCONE		2,500	$49,581.46	72						
	WIBAUX		1,300	$48,541.06	33						
	PRAIRIE		1,600	$22,916.33	31						
	Total	2	27,300	$381,005.47	861	44,711	(17,411)	-39%	1,496	(635)	
8	CASCADE		78,200	$1,066,904.88	2,706						
	Total	3	78,200	$1,066,904.88	2,706	67,067	11,133	17%	2,244	462	

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9	TETON		6,100	$177,004.88	135						
	PONDERA		6,700	$108,990.87	124						
	TOOLE		5,100	$99,223.36	217						
	GLACIER		11,100	$171,145.03	299						
	Total	1	29,000	$556,364.14	775	22,356	6,644	30%	748	27	
10	FERGUS		12,100	$194,233.62	426						
	JUDITH BASIN		2,500	$63,756.67	59						
	PETROLEUM		600	$15,567.50	18						
	Total	1	15,200	$273,557.79	503	22,356	(7,156)	-32%	748	(245)	
11	FLATHEAD		58,600	$789,868.30	1,658						
	Total	2	58,600	$789,868.30	1,658	44,711	13,889	31%	1,496	162	
12	HILL		17,600	$349,996.00	552						
	CHOUTEAU		5,800	$68,269.17	145						
	LIBERTY		2,300	$40,851.00	45						
	Total	1	25,700	$459,116.17	742	22,356	3,344	15%	748	(6)	

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13	YELLOWSTONE		116,400	$1,679,005.00	4,422						
	BIG HORN		10,900	$174,525.60	326						
	CARBON		8,300	$123,950.00	245						
	STILLWATER		6,300	$83,582.39	139						
	Total	5	141,900	$2,061,062.99	5,132	111,778	30,122	27%	3,740	1,392	
14	MUSSELSHELL		4,300	$107,699.74	136						
	MEAGHER		2,000	$43,303.00	41						
	GOLDEN VALLEY		1,100	$16,988.54	22						
	WHEATLAND		2,200	$14,639.50	62						
	Total	1	9,600	$182,630.78	261	22,356	(12,756)	-57%	748	(487)	
15	ROOSEVELT		11,100	$47,636.27	190						
	SHERIDAN		5,200	$99,432.02	128						
	DANIELS		2,600	$46,399.75	53						
	Total	1	18,900	$193,468.04	371	22,356	(3,456)	-15%	748	(377)	

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16	CUSTER		12,700	$225,071.60	439						
	ROSEBUD		12,200	$178,638.09	252						
	FALLON		3,300	$60,386.22	100						
	POWDER RIVER		2,200	$55,521.85	64						
	CARTER		1,600	$34,979.94	31						
	GARFIELD		1,600	$24,811.24	23						
	TREASURE		900	$13,011.49	22						
	Total	2	34,500	$592,420.43	931	44,711	(10,211)	-23%	1,496	(565)	
17	VALLEY		8,400	$134,289.14	202						
	BLAINE		7,000	$109,344.89	161						
	PHILLIPS		5,400	$109,408.50	138						
	Total	1	20,800	$353,042.53	501	22,356	(1,556)	-7%	748	(247)	
18	GALLATIN		48,500	$741,651.75	1,385						
	Total	2	48,500	$741,651.75	1,385	44,711	3,789	8%	1,496	(111)	
19	LINCOLN		18,700	$363,264.00	626						
	Total	1	18,700	$363,264.00	626	22,356	(3,656)	-16%	748	(122)	

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20	LAKE		21,100	$366,446.86	686						
	SANDERS		8,600	$105,933.31	270						
	Total	1	29,700	$472,380.17	956	22,356	7,344	33%	748	208	
	STATE TOTAL	36	804,800	$12,820,007.01	26,925	804,800	0	0%	26,925	0	

*Total FY 90 District Court expenditures from all county funds as reported by County Clerk & Recorders

**Total cases filed according to Caseload Statistics Report, Annual Report 1990 converted to Fiscal Year. Obtained from Judicial Branch

Population according to Local Population Estimates (1988 Population) U.S. Bureau of Census. Obtained from Dept. of Commerce Census and Economic Information Center.

(1)State average population per district judge of 22,356 (total state population divided by 36 judges) multiplied by number of judges in district

(2)State average cases per district judge of 748 (total state cases divided by 36 judges) multiplied by number of judges in district

DATE 2-8-91

COMMITTEE ON Senate Judiciary

VISITORS' REGISTER H.B. 103 - 923 - 934

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
John McGhee	DEPT OF SLS / CSED	923	✓	
Jim Nelson	Dept. Family Law	103	✓	
George Corn	Ravalli County Attorney	HB934	✓	
CHARLES H. KECHT	RAVALLI COUNTY BAR ASSOC.	HB934	✓	
MARCIANA GARAY	Marciana Garay	HB103		✓
J. Shontz	Mont Hotel Assn	HB103	✓	
Kathy McDonan	MCMHC	HB103	✓	
Constance M. Skousen	self	HB103	✓	
Monty Onishuk	MonAMT - All income for Mont. Jud.	HB103	✓	
Courtney Salmonsen	CMoC - alliance for the mentally	HB 103	✓	
Sharon Cumens	FAMI - Families Am. "	HB103	✓	
Ray Owens	" "	HB103	✓	
Robert Olsen	MT Hospital Assoc	HB103		✓ Concern