

EXHIBIT 5
 DATE 4-8-05
 SB 449

Shirley

From: Shirley <ssurelyl@worldnet.att.net>
To: <dweinberg@centurytel.net>
Cc: <evef@bresnan.net>; <jesp@mcn.net>; <hendrickhd14@yahoo.com>
Sent: Thursday, April 07, 2005 10:53 PM
Subject: SB_499

Having read only the draft of this substitute, which I hope is very close to the gray bill except for editing, your consideration of my observations and thoughts will be appreciated. Having been close to the Montana public mental health system for many years, my desire for continued improvement is strong. There are many valuable changes that have been made in the substitute bill, so one hopes any other concerns will be remedied by your committee to allow this bill to be passed.

Section 1. 53-21-102. Definitions.

(7) The "trained person" making the assessment needs to have professional mental health training for this to be done properly,

rather than only being "under the clinical supervision or direction of a mental health professional". This is for the benefit of the

individual being evaluated so more accurate determinations will be made.

(9) This is not a focus of the changes being recommended, but in my opinion "Emergency situation" does not require "and

appears to require commitment". My experience has demonstrated that an "emergency situation" can occur without the

individual needing to appear to require commitment. Many such situations have been resolved without commitment being

considered. Also, that can be a benefit of the crisis response system included in this same bill.

(11) Now that HB255, Redefine mental disorder to include co-occurring disorders, when this becomes effective the definition will

perhaps need to be corrected. You will know that better than I whether such changes occur automatically.

(12) Please pardon my compulsive concerns regarding the English language. The phrase, "but for the provision of crisis

response services", is not part of a "mental health crisis". It appears to be a promotion for those services. The mental

health crisis is already present, that being the reason for the crisis response service being required.

Section 3. 53-21-139. Crisis response system.

(3) No doubt editing has corrected this from the draft copy that I have.

Section 4. 53-21-1001. (Effective July 1, 2005) Definitions.

(1) Although I approve of the content of the substitute bill with no comment made, please accept my special compliment for the

insertion of this definition which negates the previous termination that was dated for June 30, 2005.

The community

mental health centers provide a greater range of services for those individuals with the more severe disorders than do the

other "mental health centers". For the CHMC to be "mental health centers" without all "mental health centers" being required

to accept the same responsibilities would eventually deprive many of those patients of services they need. Thank you.

(5) Hopefully I presume the editing of the draft has corrected the wording to communicate the good intention of this paragraph.

Section 5. 53-21-1002. Duties of department.

(10) Same concern as with (5) above. Something significant was omitted in my draft copy.

Section 6. 53-21-1006. Service area authorities--etc.

(5) Editing will correct the second (g) on the draft to (h).

Thank you for your diligent attention and efforts to resolve this bill to revise the mental health laws. With your consideration of the recommendations made in this message, I am a proponent for this substitute bill to be recommended for a do pass. I shall be present at the hearing tomorrow, Friday, April 8, 3:00 p.m., to answer any questions or accept any corrections or criticism of my statements.

Donald Harr, M.D.

Psychiatrist in Montana since 1957 with some connection with the public mental system during that time.