

EXHIBIT 8
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HB HJ 26

**Testimony in Support of House Joint Resolution 26, February 12, 2006
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The Montana Mental Health Association supports House Joint Resolution 26, to create an interim committee or staff study to develop an implementation plan for mental health care for adults and youth involved in the criminal and juvenile justice systems.

Over the past several years, more and more attention has been drawn to the issue of the "criminalization" of individuals with mental illness. Individuals with mental illness often end up in the criminal justice system because they have not been able to access mental health services. This lack of services leads not only to behavior that draws the attention of police, but also to homelessness, poverty, and frequently to substance abuse as these individuals attempt to "self-medicate" with alcohol, methamphetamine, and other drugs.

Fortunately, many states have paved the way to creating a system that not only provides appropriate mental health treatment for those who are incarcerated, but also helps mentally ill offenders re-enter the community, and diverts individuals with mental illness who have been arrested from incarceration to treatment.

There are a number of pieces of the mental health/justice system puzzle currently being debated in the Montana Legislature. Mental health courts are one potential piece on the diversion end; better funding for community-based mental health services, as well as services for mentally ill ex-offenders re-entering the community, are two others. There is also a proposal to place mentally ill offenders in a building on the Warm Springs campus.

Regardless of whether all or any of these proposals are approved, our state still lacks a comprehensive system that makes the most of each component. Without sufficient community services, for instance, a mental health court may prove ineffective as individuals may not be able to access the treatment they need. And it may be that mental health services alone will not keep a mentally-ill ex-offender from recidivating if he or she cannot find affordable housing to keep them from becoming homeless.

We hope that the final draft of this legislation will explicitly include a mechanism for public input into the plan. Particularly, advocacy groups such as NAMI and the Montana Mental Health Association, as well as mental healthcare consumers and their families, should be at the table. The input of consumers who have been incarcerated and are now in recovery in the community would be especially valuable.

I have included several fact sheets from the Bazelon Center, which focuses on the issue of mental illness and the law. I know there can be a hesitancy to utilize resources for a study that may or may not yield results. We believe that this study will be worthwhile particularly because Montana will have the benefit of all the experience of other communities and states that have already begun the journey towards decriminalizing individuals with mental illness. Please know that the Montana Mental Health Association stands ready to assist in this important effort. Thank you.