

## Helping Montana's Criminal Justice System Meet the Complex Needs of Offenders with Serious Mental Illness: SB11 Talking Points

I want to support Senator Caferro's SB 11 as a family member. My youngest son has been in the Forensic Unit at Montana State Hospital since December 2010, over 2 years ago. He was committed there after pleading guilty to 3 felonies. The court determined that he was unable to appreciate the criminality of his offenses due to his mental illness, and because the court found him to be "Guilty But Mentally Ill" he is serving his sentence in the Warm Springs Forensic Unit.

He is 26 years old and has been afflicted with a Serious Mental Illness, Shizo-affective disorder, since he was 16. Up until then he played football and wrestled at Capital High School, was a member of the Helena Civil Air Patrol, had plenty of friends, and was a "B" student. However, his mental illness was serious enough he was unable to attend school his Junior Year, and he had to be "home schooled" by the school district.

It has taken me until now to speak publically about our experience because I have worked as a provider of children's mental health services for nearly 20 years, and if anyone should have known how to get our son help, I should have. However, it is just not possible to describe the nearly impossible difficulties of trying to navigate our mental health system, and your own child is totally incapacitated by a serious mental illness.

His mother and I looked everywhere to find help. He had 4 suicide attempts, but was never in trouble with the law until, after turning 24, he experienced a psychotic break that was so severe that he seriously injured 2 people including a sheriff's deputy as he truly believed they were going to seriously harm him.

His mother and I have visited our son virtually every week end at MSH for the last 2 years. We know he needed to be hospitalized in the Forensic Unit for his and others safety. But he is getting better, and the new medication he is now receiving has virtually eliminated his hallucinations and delusions.

We know when he is paroled he will require ongoing mental health treatment, and have been told his eligibility for his social security disability and Medicaid benefits will be restored upon his release to a supervised mental health treatment program in Missoula.

We know that treatment at Montana State Hospital is expensive, as the cost of our son's 2 year commitment will exceed \$400,000 in state general fund dollars. In a way SB 11 helps protect our the state's treatment "investment" by compelling our guilty but mentally ill parolees to comply with the requirements of a supervised mental health treatment program. Most guilty but mentally ill patients will be paroled from Montana State Hospital, as their average length of stay is about 500 days. SB 11 requires ongoing treatment compliance, and parole revocation sanctions greatly support the safety of Guilty But Mentally Ill parolees and the public.

Respectfully submitted,  
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EXHIBIT NO. 5  
DATE 1.11.13  
BILL NO. SB 11  
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**To:** GARY MACLAREN (R); 'Gordon Pierson'; 'Gordon Vance'; 'Greg Jergeson'; GREG W HINKLE (R); HARRY KLOCK (R); 'Jason Priest - V. Chair (Red Lodge)'; JEAN PRICE (D); Essmann, Jeff Sen.; 'Jenifer Gursky'; 'Jerry Bennett - V. Chair - R'; O'Neil, Jerry; JESSE A O'HARA (R); JIM E PETERSON (R); JOANNE BLYTON (R); JOE READ (R); 'John Brenden'; JOHN ESP (R); JONATHAN MCNIVEN (R); 'Keith Regier'; 'Kelly Flynn'; KEN PETERSON (R); 'Kimberly Dudik (Missoula)'; 'Kirk Wagoner'; 'Krayton Kerns - Chair'; KRISTIN HANSEN (R); 'Larry Jent'; LEE RANDALL (R); LILA EVANS (R); LIZ BANGERTER (R); LLEW JONES (R); LYNDA MOSS (D); 'Margie MacDonald - V. Chair - D'; 'Mark Blasdel'; 'Mary Caferro (Helena)'; MARY MCNALLY (D); MICHAEL MORE (R); MIKE CUFFE (R); MIKE MILLER (R); MIKE PHILLIPS (D); Tropila, Mitch Senator; PAT CONNELL (R); 'Pat Ingraham'; 'Pat Noonan (Butte)'; 'Randy Broedel Kalispell'; ROB COOK (R); ROBERT MEHLHOFF (D); 'Robyn Driscoll'; 'Roger Webb (Billings)'; RON ARTHUN (R); 'Ron Ehli - Chair (Hamilton)'; RON ERICKSON (D); ROY HOLLANDSWORTH (R); 'Ryan Lynch'; RYAN OSMUNDSON (R); 'Sarah Laszloffy'; 'Scott Reichner'; 'Scott Sales - V. Chair'; 'Shannon Augare'; STEVE FITZPATRICK (R); STEVE GALLUS (D); 'Steve Gibson - Chair Judicial Branch (Helena)'; STEVE LAVIN (R); TAYLOR BROWN (R); TIMOTHY FUREY (D); TOM BERRY (R); TOM BURNETT (R); TOM FACEY (D); 'Tom Jacobson'; TOM MCGILLVRAY (R); TONY BELCOURT (D); VERDELL JACKSON (R); 'Virginia Court'; WALTER MCNUTT (R); 'Wendy Warburton'

**Subject:** SB 11 - its a start

**SB - 11** This bill is a start, but the problem we have is the MT St Hospital MSH is trying to keep its numbers below the required 189, so they are sending forensic population to the MSP where they receive little to no treatment. 46- 14- 312 (2)2 MCA needs to be changed to where the Director of DPHHS cannot transfer a forensic patient to a correctional facility, that includes when being placed into the communities - no prereleases. The MSH needs to expand forensic unit for different levels of patient needs, and care, and custody needs, more forensic group home beds on its campus, and the State needs more forensic group home beds in and throughout the State of Montana communities, managed by the mental health centers.

Our State has continually lacked the community mental health prevention services, crisis services, hospital beds both locally, and hospital beds at the MT State Hospital campus, and hospital forensic group home beds at the MSH Campus and throughout our State to help people. We have put more funding to criminalize people with mental illness than to rehabilitate them. Our system in Montana has become so ingrained with the attitude of hard core punishment thinking that will solve everything, but in reality it has done the exact opposite. We continually increase our prison population and funding to build bigger and stronger correctional facilities, and contracted prison facilities throughout our State. **We continually force reductions at our Montana State Hospital campus and our community services for the mentally illness. Throughout the years we continually take beneficial programs that truly helped in rehabilitation away from the patients at the Montana State Hospital - such as the carpentry program, the recycling program, grounds/mechanical program to where the long-term forensic patients have no true rehabilitation programs that will benefit them when placed back into the community.**

Mental Health Problems of Prison and Jail Inmates

Lauren E. Glaze, Doris J. James

September 6, 2006 NCJ 213600

Presents estimates of the prevalence of mental health problems among prison and jail inmates using self-reported data on recent history and symptoms of mental disorders. The report compares the characteristics of offenders with a mental health problem to those without, including current offense, criminal record, sentence

length, time expected to be served, co-occurring substance dependence or abuse, family background, and facility conduct since current admission. It presents measures of mental health problems by gender, race, Hispanic origin, and age. The report describes mental health problems and mental health treatment among inmates since admission to jail or prison. Findings are based on the Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002.

Highlights include the following:

- Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served 3 or more prior incarcerations.
- Female inmates had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; Federal prisons: 61% of females and 44% of males; local jails: 75% of females and 63% of males).
- Over 1 in 3 State prisoners, 1 in 4 Federal prisoners, and 1 in 6 jail inmates who had a mental health problem had received treatment since admission.

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WEDNESDAY, SEPTEMBER 6, 2006**

**Bureau of Justice Statistics**  
[www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs)  
**Contact: Stu Smith 202/307-0784**  
**After hours: 301-983-9354**

## **STUDY FINDS MORE THAN HALF OF ALL PRISON AND JAIL INMATES HAVE MENTAL HEALTH PROBLEMS**

WASHINGTON—More than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem, according to a new study published today by the Justice Department's Bureau of Justice Statistics (BJS).

The findings represent inmates' reporting symptoms rather than an official diagnosis of a mental illness. The study determined the presence of mental health problems among prison and jail inmates by asking them about a recent history or symptoms of mental disorders that occurred in the last year.

Among the inmates who reported symptoms of a mental disorder:

- 54 percent of local jail inmates had symptoms of mania, 30 percent major depression and 24 percent psychotic disorder, such as delusions or hallucinations.
- 43 percent of state prisoners had symptoms of mania, 23 percent major depression and 15 percent psychotic disorder.
- 35 percent of federal prisoners had symptoms of mania, 16 percent major depression and 10 percent psychotic disorder.

Female inmates had higher rates of mental health problems than male inmates—in state prisons, 73 percent of females and 55 percent of males; in federal prisons, 61 percent of females and 44 percent of males; and in local jails, 75 percent of females and 63 percent of males.

**Mental health problems were primarily associated with violence and past criminal activity. An estimated 61 percent of state prisoners and 44 percent of jail inmates who had a mental health problem had a current or past violent offense. About a quarter of both state prisoners (25 percent) and jail inmates (26 percent) had served three or more prior sentences to incarceration.**

Inmates with a mental health problem also had high rates of substance dependence or abuse in the year before their admission—

- 74 percent of state prisoners and 76 percent of local jail inmates were dependent on or abusing drugs or alcohol.
- 37 percent of state prisoners and 34 percent of jail inmates said they had used drugs at the time of their offense.
- 13 percent of state prisoners and 12 percent of jail inmates had used methamphetamines in the month before their offense.

Among inmates who had mental health problems, 13 percent of state prisoners and 17 percent of jail inmates said they were homeless in the year before their incarceration. About a quarter of both state prisoners (27 percent) and jail inmates (24 percent) who had a mental health problem reported past physical or sexual abuse.

About one in three state prisoners with mental health problems, one in four federal prisoners and one in six jail inmates had received mental health treatment since admission. Taking a prescribed medication was the most common type of treatment—27 percent in state prisons, 19 percent in federal prisons, and 15 percent in local jails.

The findings in this report were based on a nationally representative sample of prisoners (in 2004) and jail inmates (in 2002). Approximately 14,500 state prisoners, 3,700 federal prisoners and 7,000 jail inmates completed face-to-face interviews.

The report, "Mental Health Problems of Prison and Jail Inmates" (NCJ-213600) was written by BJS statisticians Doris J. James and Lauren E. Glaze. Following publication, the report can be found at:  
<http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=789>

Additional information about BJS statistical reports and programs is available from the BJS website at <http://bjs.ojp.usdoj.gov/>.

The Office of Justice Programs provides federal leadership in developing the nation's capacity to prevent and control crime, administer justice and assist victims. OJP is headed by an Assistant Attorney General and comprises five component bureaus and two offices: the Bureau of Justice Assistance; the Bureau of Justice Statistics; the National Institute of Justice; the Office of Juvenile Justice and Delinquency Prevention; and the Office for Victims of Crime, as well as the Office of the Police Corps and Law Enforcement Education and the Community Capacity Development Office, which incorporates the Weed and Seed strategy and OJP's American Indian and Alaska Native Affairs Desk. More information can be found at [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov).

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BJS06064

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**Subject:** SB 51 - Medical Parole

**Advocates - SB 51** regarding 46-23-210 (3) MCA Medical Parole - needs to clarify to include the below language which is underlined, bold, and italic wording:

46-23-210 Medical Parole

3) Medical parole may be requested by the board, the department, an incarcerated person, or an incarcerated person's spouse, parent, child, grandparent, or sibling by submitting a completed application to the administrator of the correctional institution in which the person is incarcerated. The application must include a detailed description of the person's proposed placement and medical care and an explanation of how the person's medical care will be financed if the person is released on medical parole. The application must include a report of an examination and written diagnosis by a physician **or licensed Psychiatrist, licensed clinical psychologist, or advanced practice registered nurse**, under Title 37 to practice medicine. The physician's report must include:

With over 1,000 people within the correctional system on some type of medication for mental illnesses these are actual medical diagnosis but seems to be treated as not. Mental illnesses need to be on par with any other medical diagnosis. Thank you.

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