

From: [Laurie Little Dog](#)
To: [Budy Stock](#); [BK Ruff](#); [Kathy Stewart](#); [knowlesmontana](#); [janis24@aol.com](#); [Janee Weber](#); [Caterina Maw](#); [May Simmons](#); [Clemente Ascias](#); [Zuri Moreno](#); [Rossi, SK](#); [bart@mbscoja.org](#); [Janee@mbscoja.org](#); [jenniferdub62@gmail.com](#)
Cc: [Jen Gross](#); [Wesley Reiche](#); [Katharin Kelker](#); [Jasmine Krotkov](#)
Subject: [EXTERNAL] Prison Issues Board update IMPORTANT
Date: Wednesday, July 01, 2020 8:34:52 AM

Good morning,

If you check the Prison Issues Board Website, you will see that the previous meeting minutes and public comments from February have finally been uploaded. Huge gratitude to the Law and Justice Interim Committee for making this demand at yesterday's meeting!

Note: In-person public comment is embedded in the Meeting Minutes while written public comment is uploaded as separate files.

<https://cor.mt.gov/AdultPrisonIssuesBoard#:~:text=The%20Prison%20Issues%20Board%20was,by%20then%2DDirector%20Rick%20Day.&text=Each%20prison%20administrator%20and%20the.designee%20to%20the%20public%20meetings>.

Also note when you click on the link, the DOC has now highlighted in yellow that the Prison issues Board is a "TEMPORARY" board... that leads me to believe that the DOC might have plans to dismantle it. We will all be at a loss if they try to do that, as it is our ONLY means to contact the DOC/ Warden about concerns and abuses of our loved ones. We all know that Reg refuses to take phone calls from any of the public and he refuses email responses as well. I believe that the DOC wants to remain "untouchable" so that they need not have any accountability for their abuses. We need transparency and it seems they want to operate in secrecy and without opposition.

I hope you will please join me in writing a quick note to the Law and Justice Interim Committee and to the Governor about the necessity for the Prison Issues Board not to be abolished. I think we can do this in one email addressed to all the following recipients.

The email addresses are:

Barry.Usher@mtleg.gov
Casey.Knudsen@mtleg.gov
Frank.Fleming@mtleg.gov
Jasmine.Krotkov@mtleg.gov
Jen.Gross@mtleg.gov
Johnesp2001@yahoo.com
Kathy.Kelker@mtleg.gov
bennettformontana@gmail.com
keith.regier@mtleg.gov
robforhd81@gmail.com
SenatorSands@gmail.com
steve.fitzpatrick@mtleg.gov
rweiss@mt.gov
Governor@mt.gov
CitizensAdvocate@mt.gov

Talk to you soon.
Laurie Little Dog

Hello, my name is Benton LittleDog. That is spelled

B E N T O N -- L I T T L E D O G .

I am (almost) 12 years old and I have a dad at MSP. His name is Gabriel LittleDog. I know there are religious matters to wearing hair long so I think its not right for Prison Wardens to take that away from native people and other people of color, even with a “Religious Accommodation form”.

Personally, I am Native American. So I know what that feels like. In California just because I am native, I was told by the kids in my school that I shouldn’t use the boy’s bathroom. They thought I should cut my hair. I know that’s racist. People don’t understand the spiritual significance of Natives who wear long hair. I do it for Protection and Strength. My three braids tie me to the Creator of my people. My ancestors, my Tribal Nations and the Unborn babies are all honored in my hair. Many people who are not Native, do not understand the historical trauma of FORCED hair cutting that the US government took against kids in boarding schools. In 2020, this is not acceptable in a government-funded Prison.

Inmates are people and People have the right to be protected against discrimination in all settings, even in your prisons. Check your privilege. You have no right to forcibly cut hair, beards ECT,. PERIOD. Especially as “punishment” for contraband. You are over stepping boundaries. You are breaking laws that my people AND your people died for!

Think about the message that your policy 4.4.1 sends and remove the changes you approved on October 15, 2019.

Thank you for your time.

-Benton LittleDog

From: Laurie Little Dog
To: [Diane Sandoz](mailto:Diane.Sandoz@mt.gov); [Frank Fleming](mailto:Frank.Fleming@mt.gov); johnes2001@yahoo.com; [Katharin Kelker](mailto:Katharin.Kelker@montana.gov); BobforMontana@gmail.com; [Sen. Bruce Bennett](mailto:Sen_Bruce_Bennett@mt.gov); [Wesley Rachet](mailto:Wesley.Rachet@mt.gov); [Reggie Kelly](mailto:Reggie.Kelly@mt.gov); cbforhd81@gmail.com; steve.frapstrick@mt.gov; [Jen Gross](mailto:Jen.Gross@mt.gov); [Jasmine Krotkov](mailto:Jasmine.Krotkov@mt.gov); [Jason Small](mailto:Jason.Small@mt.gov); [Usher Berry](mailto:Usher.Berry@mt.gov); [Sam Peppers](mailto:Sam.Peppers@mt.gov); [Jade Behr](mailto:Jade.Behr@mt.gov); [Carly Kirchman](mailto:Carly.Kirchman@mt.gov); ben.bonnie@mt.gov; kenes2015mt@gmail.com; ben.sakomura@mt.gov; clarene@mt.gov; [Sharon Sewer](mailto:Sharon.Sewer@mt.gov); [Patricia Miller](mailto:Patricia.Miller@mt.gov)
Cc: [Rosa Si](mailto:Rosa.Si@mt.gov); [Zari Muhammad](mailto:Zari.Muhammad@mt.gov)
Subject: [EXTERNAL] MINUTES: Prison Issue Board Feb 25 Great Falls; DOC may soon abolish Board (Please help)
Date: Wednesday, July 01, 2020 9:53:07 AM
Attachments: [Prison issue board meeting Benton.docx](#)

Oki and good morning committee members,

This letter is to urgently ask the Law and Justice Interim Committee and the State-Tribal Relations Committee please send a formal letter to the Governor's office and the Montana Department of Corrections (DOC) insisting that the DOC not to do away with the Prison Issues Board but rather preserve this critical forum to ensure that Montanans have a means to publicly engage with Montana Corrections on our concerns.

The Prison Issues Board meeting minutes are significant because they trace and identify MSP's excessive use of force, physical assault(s) on shackled inmate, resistance to or prohibitions on Native American Spiritual practices, inhumane treatment (the culture of guards referring to inmates in animalistic terms), and opposition to use-of-force haircutting on Native and Black inmates *prior* to the Black Lives Matter movement. These instances and others collectively demonstrate the ongoing practices that I have been raising opposition to through letters to the warden/ DOC and in previous in-person comments while attending Prison Issues Board Meetings (Glendive on Sept 24, 2019, Billings: June 5, 2019, Helena: Jan. 22, 2019, Deer Lodge: Sept. 2018 etc) for nearly two years!

I would like to extend my gratitude to the Law and Justice Interim Committee for asking Director Michael to post the minutes from the February 25, 2020 in Great Falls, Montana: Please review the minutes at this link: <https://cor.mt.gov/Portals/104/MSP/meetingdocuments/2020/PIB%20022520%20minutes.pdf?ver=2020-06-30-143002-357>

*Attached to this email, is a PDF of my son's written public comment that was physically handed to the Prison Issues Board secretary who was taking notes for Patrick Smith. For some reason this child's letter was not scanned into the written public comment for this meeting.

As you review documentation from previous Prison Issues Board meetings on the Official Prison Issues Board website, I want to clarify a distinction that you might find helpful. Embedded within the meeting minutes themselves are public comments that were presented "live" and in person by public attendees, while written public comments (separate uploaded files) are from individuals who may or may not be in attendance. *My public comments have all been made "live" in-person, and are therefore described (or underrepresented) in the minutes.

When you click on this official link to the Prison Issues Board main

page, <https://cor.mt.gov/Adult/PrisonIssuesBoard/-:text=The%20Prison%20Issues%20Board%20was%20then%20Director%20Rick%20Day.&text=Each%20prison%20administrator%20and%20the.designee%20to%20the%20public%20meetings>. Please take notice that the Department of Corrections has now highlighted in yellow that the Prison issues Board is a "TEMPORARY" board... that leads me to believe that the DOC might have plans to dismantle it. We will all be at a loss if they try to do that, as the **Prison Issues Board is our ONLY means to contact the DOC/ Warden about concerns and abuses of our loved ones**. We know that it is Director Reg Michael's practice and personal policy to refuse phone calls from the public. Director Michael refuses email responses as well. I have spoken with Director Michael in person about this on 4 face-to-face occasions. Reg Michael told me that he would not meet with me because, "If [he] met with me, [he] would have to meet with everybody and [he] was not going to do that".

I believe that the DOC wants to remain "untouchable" so that they need not have any accountability for their abuses. We need transparency and their actions (and inaction) have established that the Department of Corrections want to operate in secrecy and without opposition.

Please know that members of public have indeed traveled great distances to have these matters heard by attending various meetings of the Montana Board of Crime Control, the Criminal Justice Oversight Committee, the Law and Justice Interim Committee etc. I sincerely apologize for the urgency or desperation conveyed in this letter. Normally, I would not approach you in this way if all other foreseeable options had not been exhausted.

Thank you,
Laurie Little Dog
(505) 660-5678 cell
(406) 404-1742 home
P.O. Box 172
Bozeman, MT 59771

From: [Laurie Little Dog](#)
To: [Usher, Barry](#); [Casey.Knudsen@mtleg.gov](#); [Diane Sands](#); [Frank.Fleming@mtleg.gov](#); [Jasmine Krotkov](#); [Jen Gross](#); [Johnesp2001@yahoo.com](#); [Katharin Kelker](#); [RobforMontana@gmail.com](#); [Sen. Bryce Bennett](#); [Weiss, Rachel](#); [Regier, Keith](#); [robforhd81@gmail.com](#); [steve.fitzpatrick@mtleg.gov](#)
Subject: [EXTERNAL] Fresh off the press... DOC says it was the Governor's office who points back at the DOC
Date: Thursday, July 09, 2020 3:36:08 PM

Regardless of finger-pointing...

The DOC must be obligated to issue press releases about inmate deaths at Montana's secure and contracted facilities. Only a federal investigation into the circumstances surrounding Laurence Stewart's death will confirm WHY this particular inmate death was not reported.

As a Committee, you might begin to question why so many DOC policy changes are done retroactively and behind closed doors.

I would like offer to the committee these operational standards as a

reference: <https://cor.mt.gov/Portals/104/Resources/Policy/Chapter1/POLICY%20UNIT%20STANDARD%20OPERATIONS%2007.13.16.pdf>

Prison officials and DOC representatives give the proverbial excuse that "DOC policies and procedures are in the process of being rewritten" when asked about specific policy "violations".

DOC's legal team is constantly changing changing DOC policy without properly notifying LJIC, the public, the Governor etc. The DOC implements these policy changes without updating the DOC website of policy changes. Such actions are contrary to what the DOC's official operating standards are.

For example, the revision on the Use-Of-Force haircutting. I finally obtained a copy of the Oct 15, 2019 revision through the warden's office. When we look on the DOC website, no indication of any policy or procedural changes to 4.4.1 and others are reflected.

Presently, there is serious finger-pointing going on about the DOC's withholding info about an inmate's death... while in custody.

The DOC is flying unchecked. Will the LJIC please provide oversight of the DOC policy and procedural discrepancies?

Please review the article below:

https://www.google.com/amp/s/missouljan.com/news/state-and-regional/crime-and-courts/corrections-dept-decision-to-end-public-notice-of-prison-deaths-was-internal/article_be905798-cf9d-5737-90d0-7f819e0abd5b.amp.html [google.com]

In good faith,
Laurie Little Dog

From: [Laurie Little Dog](#)
To: [Usher, Barry](#); [Casey, Knudsen@mtleg.gov](#); [Diane Sands](#); [Frank, Fleming@mtleg.gov](#); [Jasmine Krotkov](#); [Jen, Gross](#); [Johnesp2001@yahoo.com](#); [Katharin Kelker](#); [RobforMontana@gmail.com](#); [Sen. Bryce Bennett](#); [Weiss, Rachel](#); [Regier, Keith](#); [robforhd81@gmail.com](#); [steve.fitzpatrick@mtleg.gov](#)
Subject: [EXTERNAL] 20 have died in corrections custody since agency stopped issuing notices. *Updated two minutes ago
Date: Thursday, July 09, 2020 7:12:12 PM

Updated 2 minutes ago

https://www.google.com/amp/s/missoulain.com/news/state-and-regional/20-have-died-in-corrections-custody-since-agency-stopped-issuing-notices/article_6eb07955-955a-5ba1-97e3-ea6439257c67.amp.html [google.com]

On Thu, Jul 9, 2020 at 3:35 PM Laurie Little Dog <laurielittledog@gmail.com> wrote:

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In good faith,
Laurie Little Dog

From: [Laurie Little Dog](#)
To: [Usher, Barry](#); Casey.Knudsen@mtleg.gov; [Diane Sands](#); Frank.Fleming@mtleg.gov; [Jasmine Krotkov](#); [Jen Gross](#); Johnesp2001@yahoo.com; [Katharin Kelker](#); RobforMontana@gmail.com; [Rossi, SK](#); [Sen. Bryce Bennett](#); [Weiss, Rachel](#); [Regier, Keith](#); robforhd81@gmail.com; steve.fitzpatrick@mtleg.gov
Subject: [EXTERNAL] ALERT: please to this Yellowstone Public Radio re: Alpha House
Date: Thursday, July 09, 2020 1:55:34 PM

<https://www.ypradio.org/post/billings-pre-release-center-residents-say-conditions-poor-following-two-covid-19-detections#stream/0> [ypradio.org]

From: [Andrea Melle](#)
To: [Weiss, Rachel](#)
Subject: [EXTERNAL] Law and Justice Meeting 7/13/2020
Date: Friday, July 10, 2020 12:34:08 PM
Importance: High

I am writing about some issues for the July 13, 2020 Law and Justice Interim Committee meeting:

1 - This is about HJ43 – Study of Post-Conviction Relief. I have not seen anything about it since it was on the agenda for the 1/27-1/28/2020 meetings. I was wondering where this important bill stands and hope that it continues to go forward. I keep hearing about how we are keeping people in jail who should be paroled or going to pre-release and how the prisons are full. Why we are not concerned about continuing to house and pay for innocent people behind bars? DNA.....new DNA at that should not be the only way an innocent person can seek Post-Conviction relief. Many times it is not until AFTER a trial that the person finds out that evidence that could have helped them was not used, witnesses not called, etc. because they are not able to discuss their case with others. This happened to my friend who is fighting his case now and is happening to others! People should be able to use whatever evidence they have or find out about after trial for Post-Conviction relief to get themselves out of prison. Why would we as a state, as compassionate humans deny that right of a person, a right for them to get their freedom back....for them and their loved ones?

2 – Does anyone else feel that it is NOT OK for the DOC (Department of Corrections) to stop doing press releases when an inmate dies? It feels like they are covering something up and since we as taxpayers pay for the care of these inmates, we should be made aware. As inmates have told me, “great, now the DOC or someone in here can kill me and people outside the walls will never know”! How scary and unsettling must that be to a person? The DOC cannot even get their story straight when it comes to this now exposed issue. First they said it was a “Governor directive”, then stated it was internally done and something that was informally discussed 10 months ago to now once a reporter dug some more, an actually informal policy that was implemented 10 months/20 dead inmates ago! But yet they did release information on a death of an inmate the beginning of April 2020. Why??? It should not matter how an inmate dies, the public should be made aware as that is the only way people on the outside can question the happens behind the walls. We pay for the care of these inmates. A “natural death” should be just as concerning too as any other death as was it a death because that inmate did not get the proper medical attention that was needed in time? That happens a lot in these facilities. Plus the fact that the DOC is the one who asks for an investigation into a death of an inmate in the DOC control is asinine! Of course they will never ask for an investigation into themselves! I as others find this so disturbing.....like so many other things of the DOC lately!

3 – I am glad that at the last meeting you had the Warden Blutworth of Crossroads

Correctional Center there. I wished more was asked of him about the facility. It should be of great concern how many security staff they are down; not only for the inmates safety but for the staff too! The guys at Crossroads have been told that because running fiber optics is too expensive, they will not be getting video visitation. Is this true? So these inmates have no in person visitation (understandable), no video visitation available to them like other facilities and no cards or photographs or drawings by their children can be sent unless photocopied. As you can imagine, morale is low and things are getting tense in there.

4 - I really hope that either this committee or in this upcoming Legislation session, a way is found to not renew our contract with CoreCivic in July 2021. Their facility hurts the guys who have no say but are sent there because of lack of programs offered and the treatment of the inmates by the staff....plus many of the guys come out sicker and angrier after their time in Crossroads which is not good for them or our communities. The time for CoreCivic to continue to make money off of our fellow Montanan's should be over!

Thank you for your time and reading my comments for consideration.
Andrea Melle

From: [Sandra Mihelish](#)
To: [Usher, Barry](#); Jen.Gross@mtleg.gov; bennettformontana@gmail.com; johnesp2001@yahoo.com; Steve.Fitzpatrick@mtleg.gov; [Regier, Keith](#); Diane.Sands@mtleg.gov; robformontana@gmail.com; flemingLor5@gmail.com; Kathy.Kelker@mtleg.gov; Casey.Knudsen@mtleg.gov; Jasmine.Krotkov@mtleg.gov
Cc: [Weiss, Rachel](#); [O'Connell, Sue](#)
Subject: FW: [EXTERNAL] CIT in Sweetgrass County
Date: Thursday, July 09, 2020 11:55:25 AM

Dear Chairman and Committee.

I am bothering you again, but I feel that Crisis Response Services for psychiatric emergencies are grossly ineffective.

Dr. Gary Mihelish, President'
NAMI Helena

All,

Please forgive me. I am just trying to understand everyone's point of view.

Pioneer Medical Center in Big Timber, Montana was awarded a grant from the Montana Mental Health Trust to improve mental health services in Sweetgrass County last year. Part of the grant was to implement Crisis Intervention Training in 5 rural Montana counties. They have been unable to achieve that goal and the TRUST would like to help them achieve that goal because crisis services are grossly lacking in Montana's rural counties.

My opinion is that all law enforcement officers would benefit from Crisis Intervention Training which educates the officers on serious mental illnesses, treatment and medication. Most importantly it emphasizes de-escalation training which is vital to law enforcement officers at this time.

One of the main premises of CIT Training is that community law enforcement and mental health professionals collaborate in the community with crisis response calls involving psychiatric emergencies. We do not yet have effective crisis response services in the State of Montana at this time. The best practices model show that co-responders to a psychiatric crisis provides the best results. A law enforcement officer and a mental health officer respond to the call together. The law enforcement officer secures the scene and the mental health professional evaluate the individual. A determination is made whether or not to transport the individual to the emergency room or the detention facility. In many cases the mental health professional can provide services that could prevent the transport to either facility.

This just doesn't happen. My opinion is that many mental health professionals are reluctant to do visitation outside a secure facility. But, the main reason is probably because we do not have enough money to provide these services. An alternative model might be for the officer to secure the facility and then call a mental health professional to the scene to perform an evaluation. The goal should be to divert the individual from the jail or the ER.

This is almost impossible in rural Montana counties. Sweetgrass County does not have a mental health professional to evaluate psychiatric emergencies. A primary care physician evaluates the individual and refers them to Billings if psychiatric services are deemed necessary. This means that

Sweetgrass County cannot implement CIT according to the model.

However, we still need to have a plan to get Crisis Intervention Team Training to rural law enforcement. As someone told me effective training for law enforcement may become mandated in the near future.

I would appreciate any thought on solutions!

Dr. Gary Mihelish, Chairman
Montana Mental Health Trust
CIT Montana Board of Directors

From: marekmk@charter.net [<mailto:marekmk@charter.net>]

Sent: Wednesday, July 08, 2020 8:47 PM

To: 'Adam Lauwers' <alauwers@co.yellowstone.mt.gov>

Cc: 'Barnard, Zoe' <ZBarnard@mt.gov>; 'Sandra Mihelish' <2Mihelishes@Bresnan.net>; 'Matteucci, Deb' <Deb.Matteucci@gallatin.mt.gov>; 'Nyland, Dennis' <DNyland@mt.gov>; 'afulton@rosebudcountymt.com' <afulton@rosebudcountymt.com>; 'Ben Slater' <bslater@ci.missoula.mt.us>; 'Bryson, Eric' <ebryson@mtcounties.org>; 'Farrar-Neary, Marcee' <mfarrarneary@billingsclinic.org>; 'Sydney Blair' <SYDNEYB@center4mh.org>; 'bkneeland@emcmhc.org' <bkneeland@emcmhc.org>; 'go_car@hotmail.com' <go_car@hotmail.com>; 'Shane Hildenstab' <shildenstab@lccountymt.gov>; 'Jim Anderson' <jim.anderson@gallatin.mt.gov>; 'Josiah Hugs' <jhugs@nadc-nabn.org>; 'Katrena Heagwood' <kheagwood@wmmhc.org>; 'Gootkin, Brian' <Brian.Gootkin@gallatin.mt.gov>; 'Parks, Bruce' <Bruce.Parks@mt.gov>; 'Stinar, Glen' <GStinar@mt.gov>; 'Montana Mental Health Trust' <montanamht@gmail.com>; 'Pat Cotter' <pat.cotter2126@gmail.com>; 'Ian McGrane' <ian.mcgrane@umontana.edu>; 'Amber Spring' <aspring@gmail.com>; 'de Camara, Rebecca' <RdeCamara@mt.gov>

Subject: RE: [EXTERNAL] CIT in Sweetgrass County

Good Evening!

FYI- I am the NAMI representative on Yellowstone County's CIT Team

I was in attendance at the 1st day of the coordinator's training and have 'take aways' to share.

- *a community needs to have a balanced team of mental health folks and law enforcement to sustain a CIT Team

- *identified resources (providers, therapists,etc.) for the team to tap into

Dan, I believe you stated at the Tuesday training for coordinators that your resources are in Billings. You contacted me right after our Fall training as that was the time you were trying to pull off a CIT training. I was able to find 2 NAMI volunteers to drive up for the Monday a.m. presentation by peers. Then the training was cancelled. Since your resources are in Billings I am wondering if you had folks sign up for our spring training? I know we were saving spots for your county. (Of course, we had to cancel due to COVID) It seems to me to get the 40 hour CIT Training the best thing for

you to do is to come to Billings and bring your mental health folks and law enforcement to one of our trainings. Organizing a CIT Training is a very huge job especially when you are struggling to get folks to make the drive to Big Timber. We are planning a training in the Fall depending on the COVID situation. do you need to spend your money by the end of 2020?

I am trying to figure out if you have funding you need to use within a certain time frame...so are you sort of concerned about how to spend it? We discussed on Tuesday that there are CIT coordinator's willing to do de-escalation training around the state. Would that be helpful to your community?

My main concern is that it seems to me that your community would benefit from attending our academy as we (Billings) are your resource. It would connect your mental health folks with mental health folks in Billings for networking purposes.

The training was very well done and I believe the coordinators worked through lots of stuff to standardize the training throughout the state. I would propose the de-escalation training to help with the training of the rural folks. Thanks for reading! Mary Karen Marek, NAMI Billings

From: "Adam Lauwers"
To: Zoe", "Sandra Mihelish", Deb", Dennis", "afulton@rosebudcountymt.com", "Ben Slater", Eric", Marcee", "Mary Karen Marek", "Sydney Blair", "bkneeland@emcmhc.org", "go_car@hotmail.com", "Shane Hildenstab", "Jim Anderson", "Josiah Hugs", "Katrena Heagwood", Brian", Bruce", Glen"
Cc: "Montana Mental Health Trust", "Pat Cotter", "Ian McGrane", "Amber Spring", Rebecca", Brian"
Sent: Wednesday July 8 2020 4:28:05PM
Subject: RE: [EXTERNAL] CIT in Sweetgrass County

Good Evening

I as the lead Coordinator for Yellowstone County (Billings) would also like to weigh in on this. Our team has not been contacted in regards to having an academy for Sweet Grass County. Last year during our academy were we informed by a prior years student returning to help with instruction. That Sweet Grass County wanted to host an academy the week after ours or there quickly after. All of my Coordinators although weary of setting up an academy is such a hurry stated they would help in anyway needed. That academy was later cancelled. As for this year I have reached out and provided my information and stated I would reserve spots in the Yellowstone County Academy for Sweet Grass County as that is what I can offer. I did this for the May academy which was then cancelled due to covid. That academy roster was held over and the students signed up were advised they would have first chance at our September academy. Spots are still reserved for Sweet Grass. It was brought up at the coordinators meeting that Sweet Grass was planning an academy in October and they were in talks about that academy. Again Yellowstone County has not been contacted about this academy and this was the first I had heard about it. My team cannot coordinate a training if we are not involved. All of the coordinators on my team to include myself would help in anyway we can to facilitate a training for Sweet Grass County but if we are not asked we cannot help.

Adam Lauwers

From: Barnard, Zoe <ZBarnard@mt.gov>
Sent: Wednesday, July 8, 2020 3:47 PM
To: Sandra Mihelish <2Mihelishes@Bresnan.net>; 'Matteucci, Deb' <Deb.Matteucci@gallatin.mt.gov>; Nyland, Dennis <DNyland@mt.gov>; afulton@rosebudcountymt.com; 'Ben Slater' <bslater@ci.missoula.mt.us>; Bryson, Eric <ebryson@mtcounties.org>; Farrar-Neary, Marcee <mfarrarneary@billingsclinic.org>; 'Mary Karen Marek' <marekmk@charter.net>; Sydney Blair <SYDNEYB@center4mh.org>; bkneeland@emcmhc.org; go_car@hotmail.com; Shane Hildenstab <shildenstab@lccountymt.gov>; Jim Anderson <jim.anderson@gallatin.mt.gov>; 'Josiah Hugs' <jhugs@nadc-nabn.org>; 'Katrena Heagwood' <kheagwood@wmmhc.org>; 'Gootkin, Brian' <Brian.Gootkin@gallatin.mt.gov>; Adam Lauwers <alauwers@co.yellowstone.mt.gov>; Parks, Bruce <Bruce.Parks@mt.gov>; Stinar, Glen <GStinar@mt.gov>
Cc: Montana Mental Health Trust <montanamht@gmail.com>; 'Pat Cotter' <pat.cotter2126@gmail.com>; 'Ian McGrane' <ian.mcgrane@umontana.edu>; 'Amber Spring' <aspring@gmail.com>; de Camara, Rebecca <RdeCamara@mt.gov>; 'Gootkin, Brian' <Brian.Gootkin@gallatin.mt.gov>
Subject: RE: [EXTERNAL] CIT in Sweetgrass County

Deb, I would like to weigh in and add that we will help with the solution in AMDD...because we need it for CTMG as well.

Zoe

From: Sandra Mihelish <2Mihelishes@Bresnan.net>
Sent: Wednesday, July 8, 2020 3:44 PM
To: 'Matteucci, Deb' <Deb.Matteucci@gallatin.mt.gov>; Nyland, Dennis <DNyland@mt.gov>; afulton@rosebudcountymt.com; 'Ben Slater' <bslater@ci.missoula.mt.us>; Bryson, Eric <ebryson@mtcounties.org>; Farrar-Neary, Marcee <mfarrarneary@billingsclinic.org>; 'Mary Karen Marek' <marekmk@charter.net>; Sydney Blair <SYDNEYB@center4mh.org>; bkneeland@emcmhc.org; go_car@hotmail.com; Shane Hildenstab <shildenstab@lccountymt.gov>; Jim Anderson <jim.anderson@gallatin.mt.gov>; 'Josiah Hugs' <jhugs@nadc-nabn.org>; 'Katrena Heagwood' <kheagwood@wmmhc.org>; 'Gootkin, Brian' <Brian.Gootkin@gallatin.mt.gov>; 'Adam Lauwers' <alauwers@co.yellowstone.mt.gov>; Parks, Bruce <Bruce.Parks@mt.gov>; Stinar, Glen <GStinar@mt.gov>
Cc: Montana Mental Health Trust <montanamht@gmail.com>; 'Pat Cotter' <pat.cotter2126@gmail.com>; 'Ian McGrane' <ian.mcgrane@umontana.edu>; 'Amber Spring' <aspring@gmail.com>; Barnard, Zoe <ZBarnard@mt.gov>; de Camara, Rebecca <RdeCamara@mt.gov>; 'Gootkin, Brian' <Brian.Gootkin@gallatin.mt.gov>
Subject: [EXTERNAL] CIT in Sweetgrass County

Deb,

I received a telephone call from former Sweetgrass County Sheriff and former Board Member of the Montana Mental Health Trust Dan Tronrud. He said that he had just attended a meeting for CIT Trainers and learned that it would not be possible for the Billings CIT Team to do a small county training in Billings this Fall. The Sweetgrass County Pioneer Medical Center is concerned they will be unable to fulfill the conditions of their grant to deliver CIT Training to Montana rural counties.

So, I am looking to find solutions and help. It is probably unrealistic to think we could facilitate a training for rural counties in Big Timber. Dan felt there will soon be a mandate from the federal government for better training for law enforcement officers. He is trying to be proactive. He thought he could find 10 to 15 officers for the four day training of 20 to 30 for the two day de-escalation training.

I would appreciate any help you may be able to provide in finding a solution. Would we be able to get the Bozeman, Butte or Helena Teams to provide a training for the rural counties? Option 2 might be to have the rural officers attend trainings in Billings, Bozeman, Butte or Helena. I know this COVID 19 situation is making things difficult.

One of my life long mottos has been to "Adjust and Adapt." Your thoughts and suggestion are appreciated!

Gary

Weiss, Rachel

From: Sandra Mihelish <2Mihelishes@Bresnan.net>
Sent: Thursday, July 09, 2020 8:53 AM
To: Usher, Barry; Jen.Gross@mtleg.gov; bennettformontana@gmail.com; johnesp2001@yahoo.com; Steve.Fitzpatrick@mtleg.gov; Regier, Keith; Diane.Sands@mtleg.gov; robformontana@gmail.com; flemingLor5@gmail.com; Kathy.Kelker@mtleg.gov; Casey.Knudsen@mtleg.gov; Jasmine.Krotkov@mtleg.gov
Cc: Weiss, Rachel; O'Connell, Sue
Subject: [EXTERNAL] FW: NAMI Advocacy: Policing and Mental Health
Attachments: 2020 07 06 Police and MH Talking Points and FAQs.docx

I hope you can find the time (10 minutes) to read this informative information from NAMI. We all need to educate ourselves before we can have an intelligent conversation on policing and mental health!

The issue of policing and mental health is complicated and will take an intelligent conversation and education. There are no simple solutions. I hope you have the time to study this information from NAMI.

Dr. Gary Mihelish President

NAMI Helena

----- Original Message -----

From: Hannah Wesolowski <Hwesolowski@nami.org>
To: NAMI state policy and advocacy leads <span@listmanager.namilists.org>
Date: July 6, 2020 at 2:05 PM
Subject: NAMI Advocacy: Policing and Mental Health

To: **NAMI Leaders**
From: **Advocacy & Public Policy Team**
Date: **July 6, 2020**
RE: **Policing and Mental Health**

NAMI's core belief is simple: we believe in help, not handcuffs.

People with mental illness and communities of color have disproportionate interactions with police. Growing calls for racial justice have sparked a critical, nationwide conversation in our society about the role of law enforcement, specifically regarding mental health and especially how it affects communities of color. Many are calling for reprioritizing and committing to a new approach of investing in communities and reducing the need for law enforcement engagement. NAMI recognizes the intersectionality of racism, mental health, and law enforcement and welcomes this national dialogue.

What We Are Doing

This weekend, NAMI CEO Dan Gillison, Jr. and long-time mental health peer advocate Bill Carruthers Jr. [wrote an op-ed \[statnews.com\]](#) outlining the changes needed to effectively respond to people in crisis. In this op-ed, they write, “To change outcomes, we need to disrupt the system that puts police at the forefront of crisis response.”

The op-ed outlines what NAMI sees as four areas of focus for improving community mental health: crisis care, inpatient care, social support and outpatient care. **The op-ed also highlights our recently released publication, “[Divert to What? Community Services that Enhance Diversion \[nami.org\]](#),” which helps communities identify gaps and opportunities to implement an effective continuum of mental health care.** We encourage you to share this resource with your local partners to help elevate conversations about where investment is needed to help people get and stay well.

We also acknowledge the role that law enforcement still plays while we work toward a better system. NAMI has long advocated for training in mental health and de-escalation for law enforcement, changes in agencies’ policies and procedures, and the creation of community-wide coalitions to divert people with mental illness from justice system involvement. For the last 30 years, NAMI has also been a critical partner in promoting programs like Crisis Intervention Teams (CIT), which goes beyond training to develop partnerships among the mental health, law enforcement and advocacy communities – all with the goal of transforming local responses to mental health crises.

We recognize that we must partner with law enforcement to vastly improve the interactions that still occur, while also recognizing that significant change is needed. We cannot ignore the disproportionate effects of policing on communities of color, or the integral and intersecting role mental health plays. People with mental health conditions know all too well what it means to experience stigma, but not all of us know the doubling role race can play. We have work to do ahead.

How to Talk About It

NAMI has developed talking points about changing the system that puts law enforcement at the forefront of crisis response and the four areas of focus to address this (attached). As you engage with your members, partners and the media, we hope these will contribute to your efforts.

Additionally, the attached document includes **Frequently Asked Questions** to help you respond to questions you may be receiving about NAMI's activities, including:

- What is NAMI's position on defunding the police?
- Does NAMI still support CIT and training for law enforcement?
- What is NAMI's current role with CIT and developing training for law enforcement?
- Does NAMI have a position on use of force and other police tactics?

What's Happening at the Federal Level

Congress and the Administration have taken recent action towards addressing police reform. On June 25th, the House held a vote on *The Justice in Policing Act of 2020*. Drafted and led by members of the Congressional Black Caucus, the bill aims to combat police misconduct, excessive force and racial bias in policing. While the legislation is not specific to mental illness, NAMI supports a number of policies that are included that would improve police interactions for people with mental health conditions, including creating:

- National accreditation standards for law enforcement;
- Incentives for states to pass legislation on use of force, deadly force and chokeholds; and
- Grant opportunities to include de-escalation training and training on mental illness.

The bill passed the House 236 to 181. While the bill passed with some bipartisan support, it is unlikely that it will be taken up by the Senate.

Early in June, Senate Republicans introduced *The Just and Unifying Solutions to Invigorate Communities Everywhere (JUSTICE) Act*. Similar to the House bill, the Senate bill is not specific to mental illness but includes several provisions that could impact police interactions for people with mental illness, including:

- Requiring development of training curriculum on de-escalation, use of force and interactions with people with mental illness;
- Encouraging states to pass legislation on use of force and chokeholds; and
- Commissioning a study on law enforcement officer training, crisis intervention teams, co-responder programs, and pilot programs that are needed to improve law enforcement's interactions with people with mental illness, substance use conditions or experiencing homelessness.

In late June, the bill failed to reach the 60-vote threshold needed to bring the bill to the Senate floor for debate.

While both bills are unlikely to be taken up by the other chamber, talks between Democrats and Republicans continue as both sides work to come to an agreement on next steps.

In addition, on June 16, President Trump signed an [executive order \[whitehouse.gov\]](https://www.whitehouse.gov/presidential-action/2017/06/16/) to address concerns around policing standards and responsibilities. The order includes several provisions that would impact law enforcement interactions with people with mental illness, directing federal agencies to:

- Increase the use of training opportunities for law enforcement to learn about responding to people with mental illness, substance use conditions and those experiencing homelessness;
- Create incentives for law enforcement agencies to implement best practices in certifying and credentialing officers;
- Develop a national database to report individual incidents of misconduct by federal, state and local law enforcement officers; and
- Incentivize communities to establish co-responder models and engage social workers in responding to mental health crises.

NAMI will continue to monitor federal developments and share updates as well as opportunities to advocate for positive change on policies impacting people with mental illness and communities of color.

Hannah Wesolowski
Director, Field Advocacy
Advocacy & Public Policy

NAMI, National Alliance on Mental Illness
4301 Wilson Blvd., Suite 300
Arlington, VA 22203
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NAMI Talking Points on Police and Mental Health

7/6/20

- NAMI believes in help, not handcuffs, for people with mental illness.
- NAMI is committed to the principle that all individuals, including people of color and people with mental illness, should be treated with respect and dignity and deserve equitable health outcomes and full inclusion.
- As a grassroots mental health advocacy organization, we know the realities of stigma, prejudice and discrimination against those with mental health conditions.
- We cannot ignore the disproportionate negative effects of policing on communities of color, or the critical and intersecting role mental health plays. People with mental health conditions know all too well what it means to experience stigma, but not all of us know the doubling role race can play.
- For too long, law enforcement has been the response to people experiencing symptoms of mental illness, which can lead to devastating outcomes.
- This is unacceptable. Our mental health system provides too little, too late—and then law enforcement steps in as first responders in mental health emergencies.
- Growing calls for racial justice have opened up the conversation about the role of law enforcement in public health, specifically mental health and how it affects communities of color.
 - Unarmed Black people are killed by law enforcement at a rate [5 times](#) that of unarmed white people; and
 - Nearly [one in four people](#) killed by police officers in 2019 had a mental health condition.
- If we are going to change outcomes, we need to disrupt the system that puts police at the forefront of crisis response – but complex problems require complex solutions.
- To provide a continuum of mental health care that helps people get and stay well, NAMI believes we need to focus on four areas of community mental health:
 - First, we need comprehensive and culturally competent crisis care.
 - Our country needs a mental health response to mental health crises.
 - We need 9-8-8 as a nationwide mental health crisis and suicide prevention hotline so that people have a dedicated, easy-to-remember number to get help, not handcuffs.
 - We also need a range of culturally competent crisis services, including mobile crisis teams and crisis stabilization programs.
 - And anyone who provides care for people with severe mental health symptoms needs training in effective de-escalation and engagement strategies.
 - Second, inpatient care should be available to those who need it.
 - You shouldn't have to be a danger to self or others before you can get help for severe symptoms of mental illness.

- Unfortunately, many people with severe mental health conditions are routinely turned away from hospitals or discharged before they are stable and without a plan for follow up care.
 - When a person has fleeting symptoms of a heart attack, hospitals don't shut the door. They treat symptoms as serious and help immediately to prevent them from recurring and becoming worse.
 - Symptoms of severe mental illness, like mania, delusions and paranoia, should be treated just as seriously.
 - Third, we need to invest in social supports to help people stay well.
 - Ensuring that a person has access to things like a safe place to live, food to eat, income and a supportive community are key pillars to their overall wellness.
 - That's why social determinants of health are so critical to helping people with mental illness live successfully in their communities.
 - Unfortunately, a lack of investment in these supports contributes to the fact that approximately [20-25%](#) of people experiencing homelessness have a mental illness and they are also [disproportionately](#) people of color.
 - Fourth, we need trauma-informed outpatient care that is available to everyone.
 - People with mental health conditions should be able to get help early and get the best possible care.
 - Yet, half of the counties in our country don't have a single psychiatrist, let alone professionals who represent the diversity of people in our country or who have training in the most effective and culturally competent interventions.
 - We need a trauma-informed mental health workforce that is equipped to serve *everyone* with mental health care when and where they need it.
- While we work toward a system that provides a mental health response to mental health crises, we cannot afford to ignore the role that law enforcement still plays.
 - That is why NAMI has long supported Crisis Intervention Teams (CIT) as a model that has inspired communities and law enforcement to help make crisis response safer, more compassionate and focused on connecting people to care.
 - We have promoted training in mental health and de-escalation for law enforcement, advocated for changes in agencies' policies and procedures and pushed to create community partnerships to divert people from justice system involvement.
 - Officers trained in crisis intervention can be lifesavers, but they are a reaction to a fundamental flaw in how we respond to mental health crises. Instead, the answer is investment in a comprehensive mental health care system that demonstrates cultural competence and equitable treatment.
- We must partner with law enforcement to vastly improve the interactions that still occur, but we must also work to effect the significant change that is needed.

Frequently Asked Questions

What is NAMI's position on "defunding" the police?

NAMI does not have a formal policy position approved by the NAMI Board of Directors on "defunding" the police. We have long advocated for a more appropriate response to people experiencing mental health crises, including the expansion of culturally competent mental health crisis services that minimize the role of law enforcement, and significant community investment in mental health services and supports.

How you can talk about it:

- NAMI has long advocated for resources and innovation to create a mental health system that that can serve the nearly 48 million Americans with mental illness.
- For too long, law enforcement has been the only available option to respond to people experiencing symptoms of mental illness and the results have been tragic:
 - Nearly [one in four](#) people killed by law enforcement have a mental illness.
 - And people with mental illness are overrepresented in our nation's jails.
- For communities of color, the outcomes are even more devastating, with unarmed black people killed at a rate that is 5 times that of unarmed white people.
- If we are going to change this, we need to disrupt the system that puts law enforcement at the forefront of crisis response and invest in every community's mental health system.

Does NAMI still support CIT and training for law enforcement?

NAMI has been involved in CIT since its inception in the 1980s. CIT promotes community partnerships among mental health care providers, law enforcement, community leaders, and mental health advocates to lead to better outcomes for people with mental health conditions in crisis. We work on the national, state, and local levels to promote best practices in training that focus on the use of de-escalation and creating a better understanding for law enforcement officers about what it is like to experience a mental health crisis. While NAMI continues to support these initiatives, we also advocate for better access to mental health care so people can get the right treatment and avoid experiencing a crisis in the first place.

How you can talk about it:

- While we work toward a system that provides a mental health response to a mental health crisis, we cannot afford to ignore the role that law enforcement still plays in responding to mental health crises.
- That is why NAMI has long supported Crisis Intervention Teams, or CIT, as a model that has inspired communities and law enforcement to help make crisis response safer, more compassionate and focused on connecting people to care.
- CIT has helped countless people, but it should not be the only solution for a system that was built without the ability to meet the needs of the millions of people in our country with mental health conditions.
- As a part of our efforts to decrease the role of law enforcement in mental health crisis response, NAMI also supports the development of co-responder models, mobile crisis units and other crisis services to enhance the capacity of communities to respond effectively.

What is NAMI's current role with CIT and developing training for law enforcement?

NAMI's national office, NAMI State Organizations and NAMI Affiliates have different roles in promoting and supporting CIT. While NAMI and its advocacy plays a significant role, NAMI does not certify CIT programs or CIT coordinators. We work in partnership with CIT International to support their efforts to ensure communities are implementing best practices that promote safety and connections to mental health care.

How you can talk about it:

- NAMI advocates on the national, state, and local level to promote better responses to people experiencing a mental health crisis.
- NAMI State Organizations and Affiliates are an important part of any CIT program, which goes beyond training and should promote partnerships between the mental health, law enforcement and advocacy communities in an effort to transform communities' response to mental health crises.
- NAMI volunteers and staff often share their personal stories and experiences during law enforcement training and are key to engaging community stakeholders to create systems change. NAMI recently developed *NAMI Sharing Your Story with Law Enforcement*, a program to help guide NAMI speakers to present their lived experience to law enforcement audiences.

Does NAMI have a position on use of force and other police tactics?

NAMI currently does not have a formal policy position on use of force and other police tactics, such as chokeholds and strangleholds. However, through our work on CIT and other efforts to improve responses to mental health crises, NAMI has been involved in developing best practices in use of force policies that promote the safety and personal dignity of people with mental illness. Additionally, many NAMI State Organizations and Affiliates have worked at the local level to make changes to individual law enforcement agencies' policies on use of force.

How you can talk about it:

- NAMI believes in minimizing justice system response to people with mental illness, while ensuring that any interactions preserve health, well-being and dignity.
- Policies and procedures for law enforcement should always prioritize de-escalation to ensure the safety of people experiencing mental health crisis.

From: [Lita Pepion](#)
To: [Michael, Reg](#); [Cc: Rudy Stock](#); [BK Ruff](#); [Kathy Stewart](#); [knowlesmontana](#); [jantg24@aol.com](#); [Janee Weber](#); [Ariana Del Negro](#); [Clemente Arciga](#); [Zuri Moreno](#); [Rossi, SK](#); [bart@mtscoja.org](#); [Janee@mtscoja.org](#); [jenniferdrube82@gmail.com](#); [Weiss, Rachel](#); [Kelker Kathy](#); [Rep Jasmine Krotkov](#), [Jasmine.Krotkov@mtleg.gov](#); [jen.Gross@mtleg.gov](#); [Laurie Little Dog \(laurielittledog@gmail.com\)](#)
Subject: [EXTERNAL] Housing assistance for felons?
Date: Wednesday, July 08, 2020 1:23:44 PM

Good Morning:

I work with folks coming out of Prison. Often I hear rumors that DOC helps with funds to secure housing, etc. Then I hear that the program is different depending on where the person is at release time. I know only about 1% of the folks I work with get help - despite 100 % applying for help and/or inquiring at Montanan pre-release programs.

Can you PLEASE clarify what, if any DOC program provides assistance to folks being released from custody? What the process to apply for funds is? And, do different DOC funded agencies have different processes to apply? If the annual funding is not given to folks upon release, where does that money go?

Also, I've inquired numerous times about contracting with DOC but never receive a response when I email from the DOC website. Does somebody look at and reply to those emails?

Who is June Ellstad and what does she do for Indian Tribes in Montana? Is she Native? Can I please get copies of any reports she may have done as a contractor for DOC?

I look forward to hearing from you (in writng) soon. It's been months since my initial inquiry and, for a tax payer funded program, I find that unacceptable. Thank you.

Lita J. Pepion, President and CEO
CRL Health and F
Billings, MT 59107
(406) 208-5779

From: [Weiss, Rachel](#)
To: [Weiss, Rachel](#)
Subject: FW: [EXTERNAL] revised statement for July 10, 2020 Meeting
Date: Wednesday, July 08, 2020 2:20:49 PM

From: "michellepwr1@juno.com" <michellepwr1@juno.com>

To: rweiss@mt.gov

Subject: July 10, 2020 Meeting

Date: Wed, 8 Jul 2020 19:54:45 GMT

Hello, My name is Michelle Ratliff. I am writing to ask the committee questions in two subjects related to COVID. I am new to these meetings so if my questions have already been addressed in previous meetings then please provide me the answers to my questions by responding to this email or provide me the information as to where they are located.

1. Why were prisoners at Crossroads told they had to sign a waiver that stated that CCC - CoreCivic would not be held liable if they contracted COVID in order to receive testing for COVID? Will prisoners be required to sign waivers releasing CCC - CoreCivic from liability in order to receive testing if they show symptoms? Is the copy of the waiver available for viewing as a public document? Has CCC- CoreCivic denied that this waiver existed?

Follow up: Will all prisoners showing symptoms be isolated and tested (both)? If so, where in the facility do they have room to isolate individual prisoners, will they be removed from their pod, taken to medical?

2. Why does MDOC website state that all prisoners will be able to have video visitation while COVID precautions are in place but prisoners at Crossroads do not have that option available to them? Is the committee aware of how long prisoners at Crossroads have been denied visitation? What power does the committee have to require that CCC- CoreCivic implement video visitation immediately? If the committee does not have the power to mandate they implement video visitation immediately who does?

Thank you for your time.

Michelle Ratliff,
Bozeman, MT 59718

From: [Kathy Stewart](#)
To: [Weiss, Rachel](#)
Subject: [EXTERNAL] Statement for the Law and Justice Interim Committee meeting for 7/13/20
Date: Friday, July 10, 2020 4:15:04 PM

Dear Ms. Weiss,

I would like to make the following oral statement below to the Committee during the July 13th meeting for public comment concerning the Montana Department of Corrections and the Montana Board of Pardons and Parole:

First I do not think I can over-state enough the concern for the safety of the entire inmate population at the Montana State Prison, I know the administration continues to state they are taking all measures to ensure safety during this pandemic the inmates are saying different. There is still a lack of masks being used by all of the prison staff nor, are there adequate cleaning supplies given to sanitize the communal areas.

Also I am deeply concerned of the knowledge just brought to the public of a certain death of one of the very few inmates that was awarded a judgement for an assault then was conveniently found to have committed suicide a week or so later and was housed in the closed unit where there is nothing to say what happened with the public not being notified because again a convenient rule was made the deemed the DOC does not have to report these deaths. This only confirms to me the ideals of the DOC deeming themselves untouchable and above reproach which is confirmed by Director Michael and Deputy Director Wolken who never respond to any issues brought to them unless there is someone or something that will hold them accountable and even then with Director Michael I see the contempt in his response to any public criticism that I have been included in. But then this has been the general atmosphere within the MSP since this current administration has been put in place. There is no rehabilitation it is an atmosphere of intimidation and retaliation for anyone especially the minority population who given there is a Native Liaison in place who in my experience is on a short leash as to be totally ineffective in being any assistance with minority issues. With all of these things that are just now coming out there have to be a lot more that we do not even know about and something has to be done now! These inmates are human beings a lot of them without any resources whatsoever and it is deeply concerning what is happening at MSP, not only because I have a son who I constantly worry about given the assault and retaliation he went through but also those that may have nobody there to advocate for them such as Laurence Stewart II.

Then we have the BOPP who were put in place by the current DOC Deputy Director which in my opinion was notably chosen not to be effective in granting paroles to those that have earned it but to be more effective in retaining money by increased population by denying paroles even when an inmate has done everything required and behavior beyond reproach. There is no direction or regulation given for inmates going before this Board so when their paroles are denied they are left hanging with nothing to look forward to or goals to work toward and it doesn't seem to matter if their behavior has been unquestioned they are denied just because the victim side wants them to be which will most often

always be the case even when they have done everything they can do.
With my previous statement of my own traumatic experience with this BOPP and
the ineffective numbers shown for the amount of tax money cost this Board needs
to be revised just as the DOC as to be effective for the State of Montana.

Thank you,
Kathleen Stewart
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Everett, WA 98203
425-299-4644