



Law and Justice Interim Committee

60th Montana Legislature

SENATE MEMBERS

LARRY JENT
CAROL JUNEAU
JESSE LASLOVICH
DANIEL MCGEE
GARY PERRY
JIM SHOCKLEY

HOUSE MEMBERS

SHANNON AUGARE
BOB EBINGER
KRAYTON KERNS
DEBORAH KOTTEL
TOM MCGILLVRAY
RON STOKER

COMMITTEE STAFF

SHERI HEFFELFINGER, Lead Staff
VALENCIA LANE, Staff Attorney
DAWN FIELD, Secretary

MINUTES

November 30, 2007

Room 137, State Capitol
Helena, Montana

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COMMITTEE MEMBERS PRESENT

SEN. JESSE LASLOVICH
SEN. DANIEL MCGEE
SEN. GARY SEN. PERRY
SEN. JIM SHOCKLEY

REP. BOB REP. EBINGER
REP. KRAYTON KERNS
REP. TOM MCGILLVRAY
REP. RON REP. STOKER

COMMITTEE MEMBERS EXCUSED/ABSENT

SEN. LARRY JENT
SEN. CAROL JUNEAU
REP. SHANNON AUGARE
REP. DEBORAH KOTTEL

STAFF PRESENT

SHERI HEFFELFINGER, Lead Staff
VALENCIA LANE, Staff Attorney
DAWN FIELD, Secretary

AGENDA & VISITORS' LIST

Agenda, Attachment #1.
Visitors' list, Attachment #2.

COMMITTEE ACTION

The Law and Justice Interim Committee did have action items on this meeting's agenda.

CALL TO ORDER AND ROLL CALL

00:00:01 SEN. MCGEE called the meeting to order at 8:10 a.m. The Secretary noted the roll, SEN. JUNEAU REP. AUGARE REP. KOTTEL, SEN. JENT were excused or absent (ATTACHMENT #3).

NATIONAL AND STATE EVOLUTION AND HISTORY OF JUVENILE JUSTICE SYSTEM

00:01:02 **Dr. Jim Burfeind, Chair, Department of Sociology, University of Montana,** reviewed his professional credentials and discussed the background and history on the philosophy and structural development of the juvenile justice systems nationally and in Montana, through a PowerPoint presentation: *TRANSFORMATION OF JUVENILE JUSTICE PHILOSOPHY AND PRACTICE (EXHIBIT #1).*

00:32:48 SEN. SHOCKLEY asked if there is any type of psychological test to measure a child's potential for criminal behavior. Dr. Burfeind said he is not aware of a psychological inventory that can measure criminal tendencies in children.

00:33:20 SEN. MCGEE asked if it would be a fair characterization to say that the courts first established policies and that beginning in the mid 1990s, the state legislatures began establishing policies, and in some cases, reversing court philosophies and policies. Dr. Burfeind said that it is a fair characterization.

STAFF REPORT - SHERI HEFFELFINGER

00:35:03 **Sheri Heffelfinger, Research Analyst, Legislative Services Division (LSD),** presented a staff report (*A NUTSHELL SUMMARY OF A BLUEPRINT FOR CHANGE - EXHIBIT #2*) summarizing national findings and best practices recommendations from the National Center for Mental Health and Juvenile Justice. Ms. Heffelfinger discussed the alarming number of youth in the juvenile justice system with identified mental health needs and how they are straining the juvenile justice system. She then discussed recommendations for change, based on the findings of the national study:

- nine underlying principles (Attachment A);
- four cornerstones: collaboration, identification, diversion, and treatment;
- seven critical intervention points; and
- program examples (Attachment B).

00:59:54 REP. STOKER said juvenile development appears to be categorized by age brackets. He asked Dr. Burfeind if he agreed that juvenile law should be based

on age brackets. Dr. Burfeind said the whole idea of delinquency is based on the notion of age, but that it is a matter of policy to decide at what age to intervene.

01:01:52 REP. STOKER asked if there are alternative descriptive terms that can be used, instead of hard bracketed age groups, for the different stages of development, in order to avoid placing younger children in with older and more seriously delinquent juveniles. Dr. Burfeind said it is not possible to specifically identify when certain programs are age appropriate. He said in terms of prevention, ages 12 and younger are ideal and that 16 years of age and above have typically been identified as able to accept criminal responsibility. REP. STOKER asked if there are mentally definable stages. Dr. Burfeind said no, that there is no particular age at which one can be deemed "responsible".

01:03:39 **Steve Gibson, Administrator, Youth Corrections Division, Department of Corrections (DOC)**, said the MacArthur Foundation completed a major study on the issue of juvenile development two years ago and said he would provide copies to the Committee. He reported that the research focused on brain development and a child's cognitive ability to understand prosecution and the court system.

PUBLIC COMMENT

01:06:37 No public comment was given.

01:07:03 SEN. MCGEE recessed the Law and Justice Interim Committee until twelve p.m., to attend the funeral for former Lt. Governor Karl Ohs.

04:08:26 SEN. MCGEE called the meeting back to order at 12:18 p.m.

PUBLIC COMMENT

04:09:01 **Michelle Hines, Helena, Master's Degree in Social Work (MSW), and parent of mentally ill juvenile**, spoke on behalf of her son, Jacob Patrick Martin, currently sentenced to Pine Hills Youth Correctional Facility. Ms Hines discussed a detailed account of the time line of events and situations that led up to her son's placement at Pine Hills and provided written copies of her son's history (EXHIBIT #3), as well as copies of her son's youth home exit interview (EXHIBIT #4).

Ms. Hines gave her personal recommendations for needed changes in the juvenile justice system: provide more treatment programs for mentally ill juveniles and avoid incarceration if at all possible, provide more consultation with qualified doctors who understand juvenile issues, increase the number of mental health professionals available to treat juveniles with mental health issues; increase the level of cooperation between DOC and DPHHS mental health programs; and be more inclusive of parents and families.

PERSONAL STORY - CASE STUDY

04:33:06 **Gwen Massey, Licensed Counselor, Chief Juvenile Probation Officer, 18th Judicial District, Gallatin County**, said she and the child's mother, Kelly, would discuss the case of "CK", a mentally ill juvenile. Ms. Massey said the details are

not unique to other mentally ill juveniles also in need of mental health treatment and experiencing difficulty in finding that treatment. Ms. Massey agreed that the four cornerstones of a good mental health treatment program (collaboration, identification, diversion, and treatment), as discussed by Ms. Heffelfinger are important and said that good collaboration already exists, the identification step is somewhat in place, that efforts begin to fail at the diversion level, and that laws that determine how to get children help is the weak link and is where the focus needs to be.

04:36:04 Ms. Massey provided a detailed time line of events relating to the juvenile, "CK", beginning with the first phone call on October 23, 2006, through "CK's" eventual and current placement at Acadia. She discussed the family's attempts to get help for their son, the expenses incurred, and the continuing struggle to find funding and appropriate treatment for "CK".

04:41:39 "CK's" mother, Kelly, related details of her son's childhood and early signs that her son had problems. She related the family's struggle and frustrations at not being able to find appropriate treatment for "CK" and the exorbitant cost of treatment that has left their family in a great deal of debt.

04:49:15 SEN. MCGEE asked if the medication has improved "CK's" behavior. Kelly said yes. SEN. MCGEE asked if pharmaceuticals seemed to numb him or helped with his cognitive thinking abilities. Kelly said the first medication did numb him but doctors changed medications to one which has a calming effect and allow him to think more clearly. SEN. MCGEE asked what "mood disorder" is. Kelly said she didn't know.

04:50:33 REP. STOKER asked if the boy had been tested by Shodair on his metabolism of psychotropic drugs. Kelly said no.

JUVENILE PROBATION AND PUBLIC FUNDING FOR TREATMENT SERVICES

04:52:04 **Bob Peake, Court Administrator's Office, Juvenile Probation**, reviewed his professional background in juvenile justice issues and discussed his answers to specific questions provided to him by Ms. Heffelfinger. Mr. Peake provided copies of the questions and his responses, and discussed each (EXHIBIT #5).

05:08:06 **Dave Ward, Director of Court Services, 13th Judicial District, Billings**, reviewed his background in law enforcement and distributed an outline detailing the youth assessment process (EXHIBIT #6) and discussed each step of the process, including referrals, runaway and homeless youth programs, residential treatment options, and pressing treatment needs for Montana youth.

05:21:14 **Bonnie Adee, Children's Mental Health Bureau Chief**, said her role is to help parents and others understand what is available for mental health treatment for children. Ms. Adee discussed each of the four questions given her by Ms. Heffelfinger and her responses (EXHIBIT #7).

- 05:32:44 SEN. SHOCKLEY asked if Medicaid money can be obtained without a petition. Mr. Peake said yes, that it can be done through a consent agreement between the youth, the parents, and the probation officer.
- 05:33:29 SEN. SHOCKLEY said he was not a good student and that his behavior would probably now result in him being brought before a judge. He said he thought school administrations pass problems onto the courts. Mr. Peake said that is true and results in the child moving deeper into the system.
- 05:34:58 SEN. MCGEE commented that people are afraid of getting sued, so are hesitant to intervene in many situations.
- 05:35:16 SEN. PERRY recalled that both Mr. Peak and Ms. Adee had stated that youth should not have to enter the juvenile justice system solely in order to access mental health treatment. He said he was confused about what they meant and asked them to elaborate. Mr. Peak said, for instance, in the case of an ungovernable youth who is simply acting out, an assessment of the underlying problem should be done first. If it is determined that the child is simply acting out, there should be other avenues besides calling the police and the child ending up in Youth Court. It is a matter of trying to figure out what the actual needs of the child are. Some children will end up in Youth Court no matter what, but a key factor is whether or not parents have the money for counseling services. Ms. Adee agreed that an act occurs that results in the child ending up in the system, and that there may or may not be a need for mental health treatment. The fact that there are children with serious needs with limited access may frame how some of these acts are construed and handled.
- 05:38:34 REP. MCGILLVRAY said Mr. Ward provided the statistic that 965 youth were referred to the 13th Judicial District Court. He asked what the historic trend is. Mr. Ward said numbers have gone down over the last few years and said that several years of data from the State's new data collection system would be needed before he could make comparisons.
- 05:39:52 REP. MCGILLVRAY asked if the downward trend is occurring because of interventions occurring at other points. Mr. Ward said it is his personal opinion that resources and programs in the community are preventing youth from coming into the juvenile justice system.
- 05:40:32 SEN. JUNEAU said Billings has a large population of American Indians due to its proximity to Crow Reservation. She asked if Indian youth in the juvenile system receive any assistance from Indian Health Service (IHS). Mr. Ward said he has a good link with Native American resources and that he tries to use them as much as possible.
- 05:42:00 SEN. JUNEAU asked if IHS at Crow, specifically, provides money for services for Indian kids. Mr. Ward said IHS sometimes contributes but seldom pays full cost.
- 05:42:33 SEN. JUNEAU asked if a youth comes from an abusive home and is in trouble, how Mr. Ward makes certain the abusing parent is not involved with youth in the

intake process. Mr. Ward said that happens quite often in domestic abuse cases and normally, until intervention can be provided to stabilize the environment, the judge orders no contact until appropriate measures can be taken to ensure the safety of the child. SEN. JUNEAU asked if advocates are appointed for children that need them. Mr. Ward said a guardian ad litem can be appointed but is usually done so at the request of the public defender.

05:44:37 SEN. JUNEAU said the meeting materials (*Youth Court-At-A-Glance*, EXHIBIT #11, July 13, 2007, meeting) contained a chart indicating the top three drugs used in Montana. She said that methamphetamine was the drug of choice by only 3%, which surprised her. Mr. Peake said the chart displays only the positive drug test results and explained that meth stays in the human body for a very short period of time, so is difficult to test for.

05:46:40 SEN. MCGEE, referring to EXHIBIT #7, asked Ms. Adee to clarify her information regarding seriously emotionally disabled (SED) youth and the state definition. He said he has not found a definition in statute and that in fact, there is a proposed rule change to CHIP from DPHHS to include a definition. Ms. Adee said it is defined in rule, not in statute, and that she will provide the rule to staff.

YOUTH COURT PANEL

05:48:10 **Judge John Larson, 4th Judicial District, Mineral and Missoula Counties**, said there is no separate family court in Montana, so he sees kids with mental illnesses in a variety of cases. He discussed a wide range of topics relating to youth in the juvenile justice system, including the benefits of the funding for the juvenile delinquency intervention program (JDIP) and the need for a great deal more funding for the program. He discussed his work with other judges to develop resources, such as therapeutic courts, in other communities and talked about the challenge of working with older youth and keeping them out of the adult corrections system. Judge Larson also discussed issues relating to juvenile drug courts and the high incidence of co-occurring disorders and recidivism in youth in this category. He said that good working relationships with parents are the goal but that specific provisions in the Youth Court Act allow judges power over parents who don't cooperate. He said judges are willing to be flexible in conducting hearings in order to have parents present or to prevent a child from spending a weekend in jail. Judge Larson said it has been a very educational 15 years and that he hopes he continues to learn.

06:01:13 **Judge Kenneth Neill, 8th Judicial District, Cascade County**, said he has a juvenile drug court that is a key component of the juvenile justice system in Cascade County and such courts should be encouraged in other jurisdictions. He said he supports the goals outlined in HJR 26 and SJR 6 and has been a long-time advocate of sentencing alternatives. Judge Neill said drug court is the best diversionary program there is and that the nexus between drug court and mental health issues is obvious because a high percentage of the kids with drug addictions also have mental health issues. He said the beauty of the drug court system is that it gets all the players to the table where all can collaborate on the needs of the youth and the best solution. Judge Neill thanked the Committee for

its support for funding for drug courts and said the courts have been very effective.

Judge Neill said the juvenile justice system has to include consequences because consequences can be very effective for youth who are caught before their crimes have become too serious. He said that there are times that youth have to be committed to Pine Hills or other correctional programs because of their serious behavior and that he has confidence in those programs.

06:09:52 **Matt Robertson, Deputy County Attorney, Cascade County**, stated that the Youth Court Act (YCA) needs a substantial overhaul, including provisions related to mental health. He said after years of working with and reviewing the statutes, they are deplorable and predicted that the State would find itself in serious legal trouble were it to be sued in a matter involving those statutes. Mr. Robertson said he works to prevent juveniles with mental illness from being placed in youth correctional facilities in the first place because these facilities are not equipped to handle youth with serious emotional disturbances. He said he understands the frustration of attorneys who have no place to send these kids and that he struggles with this issue frequently. Mr. Robertson related a current case of a young male who seriously assaulted a correctional officer and discussed his work to find a suitable placement for the juvenile. Mr. Robertson said he eventually had to charge the young male with an adult crime in order to allow him to access the adult system and get services. He said the situation was far from ideal but that it did result in the young man getting the help he needed. He noted that the young man has received intensive therapy in an out-of-state program and is doing well. Mr. Robertson also discussed other related issues, such the lack of programming for juveniles with alcohol and other addictions.

06:17:51 SEN. MCGEE complimented Judge Larson on his work to create drug courts. He said drug court has turned out to be a wonderful tool and asked how judges with multi-county and rural jurisdictions can be encouraged to set up and use juvenile drug courts. Judge Larson said it requires community support and he discussed two examples of rural youth drug courts, in Mineral County and in eastern Montana. He said JDIP money is essential and that judges are very much in support of these programs. He noted that there is a staff person at the Supreme Court who will work to support and expand these courts.

06:21:41 REP. EBINGER asked Mr. Robertson to provide a list of his concerns regarding the Youth Court Act. Mr. Robertson said he would do that.

YOUTH CORRECTIONS

06:23:21 **Mr. Gibson, Administrator, Youth Services Division, DOC**, distributed copies of the MacArthur Foundation study of juvenile brain development, as he discussed earlier in the meeting (EXHIBIT #8). He asked Committee members to reference a blue folder, sent out in the mailing, and said he would be discussing several documents in the folder. He introduced Jim Hunter, Cindy McKenzie, Karen Duncan, as DOC staff who would present later, and gave an

overview of Montana's juvenile justice system (EXHIBIT #9 - cover letter in blue folder).

06:27:54 Mr. Gibson discussed a colored fact sheet containing data from the Youth Services Division of DOC (EXHIBIT #10 - blue folder).

06:30:51 Mr. Gibson said, regarding mental illness, that there is no pill or immunization that will prevent mental illness completely, but that prevention programs do help lessen its effects. He said, in his opinion, only a very small number of juveniles can be considered seriously mentally ill.

06:31:36 Mr. Gibson discussed state statute relating to juvenile justice and mental issues (EXHIBIT #11) and 41-5-1504, MCA, specifically, which states that youth with serious mental illness cannot be committed to a youth correctional facility and if already there, must be moved to a more appropriate setting. He discussed examples and suggested that the Committee examine this statute for possible changes. Mr. Gibson also urged the Committee to create a state definition of mental illness. He cautioned the Committee to carefully consider all of the information it receives because not all of the information is current or correct.

Mr. Gibson discussed a recent meeting with surrounding states on mental health treatment for juveniles and said it was agreed by all in attendance that this is a major problem. He said as far as he knows, Montana is the only state that has no state psychiatric beds for adolescents.

06:37:54 Mr. Gibson said DOC has placed several severely mentally ill youth in out-of-state private residential facilities for treatment. He said it is difficult to monitor these children and that in-state community-based programs would be a much better option. He announced that there will be a MetNet video conference on December 10 to discuss the option of providing in-state services to this group of children. He said it could be a private contractor or another avenue, but that he is in support of providing this option. He said it would greatly assist DOC in its monitoring capabilities and would also make it easier for families to be involved in their children's lives and treatment.

06:41:07 Mr. Gibson said DOC must be given credit for reducing its youth corrections population, going from over 200 in the 1960s to a current population of about 90. He said this proves that programs are working. He said the biggest obstacles are equity and access, with lower middle and middle class families hit the hardest. Mr. Gibson said another issue is where existing money is placed and how it is used. He said Pine Hills is a correctional facility and that there is no psychiatrist on staff. He suggested creating a stabilization facility and placing it in Billings or Missoula because of the resources available there.

06:44:54 Regarding SEN. JUNEAU's interest in juvenile drug use, Mr. Gibson said the Office of Public Instruction (OPI) website has a self-reported drug survey. He said alcohol and marijuana are the two top choices for Montana teens. He also pointed out several brochures in the blue folder on youth correctional programs in Montana and asked that the Committee review them (*Building Continuity for*

Community Safety - EXHIBIT #12, Great Falls Youth Transition Centers - EXHIBIT #13, Pine Hills Youth Correctional Facility - EXHIBIT #14, Riverside Youth Correctional Facility - EXHIBIT #15, and Cultural Programming and Activities for Youth - EXHIBIT #16).

- 06:46:09 **Cindy McKenzie, Superintendent, Riverside Youth Correctional Facility, DOC**, reviewed her professional credentials and experience with DOC and explained the process a youth goes through when entering a youth correctional facility (EXHIBIT #17). Ms. McKenzie focused her discussion on the testing and assessment procedures (page 2, EXHIBIT #17) done at youth correctional facilities and said that care is taken to provide age-appropriate, culturally-appropriate, and gender-appropriate treatment for each child. Ms. McKenzie said it is challenging to do that, particularly with adolescent females, because of the lack of tested and proven programming. Ms. McKenzie reviewed the testing and assessment procedures, as listed on pages 2 and 3 of EXHIBIT #17. Ms. MCKenzie also discussed programming (pages 4 and 5) and staff qualifications (pages 5 and 6).
- 06:58:31 **Karen Duncan, Youth Community Corrections, DOC**, referred the Committee members to the gold pamphlet "*Building Continuity for Community Safety*", published by Youth Services Division of DOC, (EXHIBIT #12 - blue folder). She said the pamphlet summarizes the youth re-entry program and explained that teams are assigned to each youth to assist them through the re-entry process. Each team includes the youth, facility staff, aftercare coordinators, parole officers, the school, and the family, employment counselors, and others. Ms. Duncan said the members on the teams vary based on the needs of the youth. She said the goal of the team is the successful re-entry of the youth.
- 07:02:37 Mr. Gibson said the Family Integration and Commitment Meeting program is the only State program that helps pay travel expenses for families and that video conferencing, available through Vision Net, also helps families to increase their involvement.
- 07:03:09 Mr. Hunter agreed with Mr. Gibson that the number of seriously mentally ill juveniles is a small number. Regarding programming for the youth system, he said Montana's programing is all evidence-based and developed by very qualified professionals and has been proven through studies to be positive and effective.
- 07:04:33 Mr. Hunter addressed the public comment made by Ms. Hines regarding her son, Jake. He said all information that DOC has regarding an individual is open and that parents are provided with letters outlining DOC policies. He said that Ms. Hine's son was evaluated, was referred to a licensed clinical psychologist, and he was not diagnosed as bi-polar, and was not on medications when he was returned to Pine Hills. While at Pine Hills, Jake was referred to Dr. Peak, who did place him on medications this last week.
- 07:06:19 REP. STOKER asked Mr. Gibson how JDIP funding is accessed by older youth, up to the age of 25. Mr. Gibson said that if it is requested by courts, funding can be accessed for older kids under certain circumstances.

07:07:23 REP. STOKER asked if the suicide survey given during the admissions process at the youth correctional facilities should be given to all high school students, given Montana's high teen suicide rate. Mr. Gibson suggested that the test be given to all youth placed in detention but said he did not think it needed to be given to all youth.

PROVIDERS

07:10:42 **Jeff Mangan, Executive Director, Mountain Peaks**, said his program is a community-based program for youth and works with both the youth court system and youth corrections system, which are different systems. He said his program provides services such as family counseling, school programming, and youth mentoring. He briefly described other services provided by Mountain Peaks and said that community teamwork is necessary for a youth to succeed.

07:14:09 Mr. Mangan said he is not convinced that a youth has to enter the correctional system in order to access treatment but agreed that much needs to be done to improve the resources available to this age group. He said Mountain Peaks, for example, has two licensed counselors who see children from ages four to seventeen. He agreed that assessment centers and drug courts work but said both need funding and that the challenge for legislators is to determine what works, what doesn't, and how to maintain and fund these programs.

Mr. Mangan said that legislators have been faced with the mental health issue for many years and that few solutions have been found to date. He said, in his tenure as a Senator in the Montana Legislature, SB 25 (2003 session) was the most difficult bill he ever carried and that it failed because the Legislature couldn't get around the definition issue. He encouraged the Committee to continue to work on creating a definition.

07:19:02 **Dr. Bateen, Riverside Youth Correctional Facility**, reviewed his professional background and experience. He emphasized that Riverside Youth Correctional Facility is a correctional facility only and that he has noticed an increasing number of emotionally disturbed girls being inappropriately placed there. He discussed the costs of treatment and said it is his opinion that some of the kids placed at Riverside were placed there out of desperation because other sources of funding have been exhausted.

07:20:50 Dr. Bateen said that behavior at Riverside can be categorized as either elective or emotional. Children exhibiting emotional behavior have no control over their behavior and staff at Riverside is not trained or equipped to deal with this type of behavior. He said it is very difficult to find a more appropriate placement for these kids and that he also is in a quandary as to what to do with them. Dr. Bateen discussed an example of a juvenile girl with severe emotional behavior who is not appropriate for Riverside but cannot be placed elsewhere. He said the girl takes two full-time staff, depriving other children of needed attention. He said this trend is very concerning to him.

07:24:05 **Kim Messerly, Licensed Addiction Counselor, Gateway Community Services, Great Falls**, said she works with youth through in three different

courts. Ms. Messerly agreed that mental health disorders are complicated by chemical dependency issues, which complicate the process and create additional problems in trying to determine the best course of action. She explained how youth are moved through Gateway Community Services and said her primary job is to provide counseling to the youth and to monitor the youth for drug use.

- 07:29:04 SEN. MCGEE asked Dr. Bateen about the increase he has seen in the number of teens placed at Riverside with mental health issues and what may have caused this. Dr. Bateen said he is not sure there is an increase in mental illness and thought it is more related to placement and diagnosis. He said there is more identification of mental illness than there was 30 years ago, so the prevalence may not be increasing, but identification is.
- 07:31:39 SEN. MCGEE asked Dr. Bateen why the DSM has ballooned. Dr. Bateen said it was decided that a criteria checklist was needed in order for professionals to form a valid diagnosis and that is a big reason why the size of the manual has increased.
- 07:33:26 REP. KERNS asked Dr. Bateen if he honestly feels that the study of psychology is an exact science. Dr. Bateen said no, it is not.
- 07:33:46 REP. STOKER said the intermediary metabolism chart has also greatly expanded. He asked if this is a matter of chemistry and if replacement chemistry will come into play in mental health. Dr. Bateen said the nature versus nurture debate is still raging, but that much has been learned about depression, for example. He said appropriate and effective treatment has been developed for the different types of depression, as is the case with other mental illnesses.

PUBLIC COMMENT

- 07:39:09 **Anita Roessman, Montana Advocacy Program (MAP)**, discussed seriously emotionally disturbed (SED) youth, saying that these kids are unable to cope and that they become very unhappy and unsuccessful adults if not given the proper care and treatment. She said the reasons for SED vary from fetal alcohol syndrome to parental neglect and abuse and that it is difficult for a SED youth to function properly, even with treatment. Ms. Roessman discussed the importance of proper brain development, saying that when the proper sequence of development does not occur, it is very difficult to compensate for later. She said SED is very real and very damaging to families trying to deal with it.
- 07:44:35 Regarding the juvenile correctional facilities, Ms. Roessman said there are many different types of assessments that are needed to give a true picture of what is going on with a juvenile. She said it is her opinion that parents are poorly supported and not at all involved to the extent they should be. Ms. Roessman said she fully supports the idea of a secure psychiatric facility for youth but cautioned that it is much more than just providing a bed. She said that funding and services have to be part of the discussion.
- 07:48:03 **Tracy Velazquez, Montana Mental Health Association**, spoke about the increase in mental health diagnosis. She said she was stunned to hear the

recent report about the connection between night shift work and the incidence of cancer, saying that this is an example of how biomedical pathways affect the human body. Ms. Velazquez discussed the value of the Kids' Management Authority (KMA) and pointed out that federal match funding decreases every year. She asked the that Committee support state funding for KMAs.

07:50:07 Ms. Velazquez also discussed the need for a balance between uniformity and flexibility when treating children. She said there is no "one-size-fits-all" approach because kids who come from solid and loving homes can also suffer from mental disorders and illnesses. She said it is not easy to narrow down the exact factors that cause mental illness. She said she is supportive of increasing assessment and inpatient facilities for youth.

INSTRUCTIONS TO STAFF

07:52:50 SEN. MCGEE said he will work with Ms. Heffelfinger on the meeting agenda for the January meeting. He said the Committee has received enough information to begin deciding what issues it will take up and that he envisions forming work groups to address the different issues and that they would be assigned at a later date.

07:54:36 REP. STOKER said he sent a copy of the Las Vegas protocol to Ms. Heffelfinger and that the protocol outlines how officers handle a mental health crisis situation. He also noted that there is a new edition of the protocol available and that it has a section of recommendations for law enforcement officers on how to deal with mental health. He said he would like the updated version to be sent out.

07:56:48 SEN. MCGEE asked Mr. Niss to provide policy bullets resulting from the court cases he has discussed at past meetings. He said Deb Matteucci is working on funding issues and code definitions regarding mental health and will present her findings at the January meeting. He said that Mike Foster has requested that hospitals be allowed to present information on January 10. He said the meeting would begin at 10 a.m. on January 10.

07:59:15 REP. STOKER asked for a schematic and map of private and state facilities in order to get a broad picture of everything that is available in the state of Montana.

08:00:05 SEN. MCGEE said that past juvenile justice work created a flow chart of the juvenile justice system. Ms. Heffelfinger said she would bring that to the meeting.

ADJOURNMENT

08:01:14 With no further business before the Law and Justice Interim Committee, SEN. MCGEE adjourned the meeting at 4:10 p.m. The next meeting will be held on January 10 and 11, 2008, in Helena.

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