

MINUTES

**MONTANA SENATE
58th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN JERRY O'NEIL**, on January 15, 2003 at 3 P.M., in Room 317-A Capitol.

ROLL CALL

Members Present:

Sen. Jerry O'Neil, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. John C. Bohlinger (R)
Sen. Brent R. Cromley (D)
Sen. Bob DePratu (R)
Sen. John Esp (R)
Sen. Trudi Schmidt (D)
Sen. Emily Stonington (D)

Members Excused: Sen. Dan Harrington (D)

Members Absent: None.

Staff Present: Dave Bohyer, Legislative Branch
Andrea Gustafson, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 94, 1/10/2003; SB 105,
1/10/2003
Executive Action: SB 105

HEARING ON SB 105

Sponsor: SEN. ROYAL JOHNSON, SD 5, BILLINGS

Proponents: Mary Dalton, Department of Public Health and Human Services
Jani McCall, MCI, DBC
Gloria Hermanson, MT Association of Ambulatory Surgery CTRS

Opponents: None.

Opening Statement by Sponsor:

SEN. ROYAL JOHNSON, SD 5, BILLINGS, stated the bill was brought forward by the Department of Public Health and Human Services. SB 105 eliminates the duplication between state licensure and national accreditation. He referred to Mary Dalton to fill the details and urged the committee to pass the bill.

Proponents' Testimony:

Mary Dalton, Department of Public Health and Human Services, submitted written testimony **EXHIBIT (phs08a01)**.

Jani McCall, Montana Children's Initiative, stated they were an organization made up of 14 different mental health providers. She submitted the MCI Provider Report to the 2003 Montana Legislation **EXHIBIT (phs08a02)**. Speaking for her organization, they believe this is a natural bill. It gives an opportunity to increase efficiency at the state level, provides cost effectiveness and is permissive, so it would allow the organization to choose between national accreditation to go through state licensure. MCI supports this and thinks it is a good idea and that it does help stream line government.

Gloria Hermanson, MT Association of Ambulatory Surgery Center, had no problem with the bill. She agreed with the other proponents' testimony.

Opponents' Testimony: None.

Informational Testimony: None.

Questions from Committee Members and Responses: None.

Closing by Sponsor:

SEN. JOHNSON thanked all the proponents that came and urged the committee to pass SB 105.

HEARING ON SB 94

Sponsor: SEN. EMILY STONINGTON, SD15, Bozeman

Proponents: Jani McCall, Montana Children's Initiative
Denise Griffith, MCI
Lou Thompson, Addictive & Mental Health Disorders
Division
Shirley Brown, Child Support Enforcement Services
Bonnie Adee, Mental Health Ombudsman
Candy Winnie, First Health
Steve Yeakel, Montana Council for Maternal & Child
Health
Bob Runkel, Office of Public Instruction
Chris Christians, MT Chapter, NASU
Audry Allums, MBCC and Youth Justice Council
Anita Roessmann, MT Advocacy Program
Jeff Sturm, Developmental Disabilities

Al Davis, Mental Health Association
Kristi Blazer, Kids Behavioral Health
SEN. BOB KEENAN, SD 38, Big Fork

Opponents: None.

Opening Statement by Sponsor:

SEN. EMILY STONINGTON, SD15, Bozeman, said this bill came from DPHHS and the Montana Children's Initiative. SB 94 was a continuation of SB 454, targeting a specific group of children with complex needs that affect a variety of agencies. The goal is to develop a system of care that has a united approach, rather than one of several different entities. It directs the child state agencies to form a state level planning committee to work together to create a system of care that integrates the various programs. In addition, the goal is to form data collections, measurement of outcomes, and make funding more possible. It encourages the formation of local agency teams that work together on service planning for these kids. She said the bill was sensitive to budget constraints, therefore, no fiscal note. The plan is to incorporate into existing operations in the agencies. The real intent of this is to provide cost savings through better formation of these services. SEN. STONINGTON shared statistics regarding SB 454 since it was introduced and the Kids Project had begun. There has been a 29% decrease in out of state residential treatment placements, funded by Medicaid, Mental Health Services Program, Child and Family Services Division, and Department of

Corrections. There has been a 69% decrease in out of state residential treatment placements funded by Medicaid and Montana Health Services Program, and a 20% decrease in residential treatment both in state and out of state funded by Medicaid and Montana Health Services Program. She said it was a program that is working and urged for the support of this bill.

Proponents' Testimony:

Lou Thompson, Chief of Mental Health Services Bureau, spoke for Dan Anderson, who is the administrator of the Addictive and Mental Disorders Division. She handed in written testimony **EXHIBIT (phs08a03)**.

Candy Wimmer, First Health Services, handed in written testimony **EXHIBIT (phs08a04)** in favor of SB 94.

Anita Roessmann, attorney for the Montana Advocacy Program, stated the program provides for people with disabilities, including children. She was willing to bet there is not a child on their case load that does not have multiple agencies who are responsible for providing some piece of his or her care. Most of the care is done to help coordinate the agencies in getting the specific care each child needs. Ms. Roessmann said it is a complicated process, which is why her program is enthusiastic about the work MCI does.

Bonnie Adee, Mental Health Ombudsman, gave written testimony **EXHIBIT (phs08a05)** in support of SB 94.

Al Davis, Montana Mental Health Association, submitted written testimony in support of SB 94 **EXHIBIT (phs08a06)**.

Bob Runkel, Office of Public Instruction, said he was speaking for OPI in support of SB 94. He said SB 94 identified OPI as one party expected to serve on the system of care planning committee and affirmed their commitment to do that. Mr. Runkel expressed his appreciation speaking for OPI for the direction the bill sets coordinating care across state agencies. He conveyed the importance of agencies working together, especially when the child comes home, in providing services. He expanded by saying when the children are in the classroom, it is important to have back up with the social services system and the mental health system to insure the families are doing well in helping support these kids. It affects these children's education.

{Tape: 1; Side: A}

Audrey Allums, Youth Justice Council, said the council had been named as a member of the system of care committee in the new legislation and supports SB 94 fully. She believed it provides a more positive outlook review and uses best practices to provide comprehensive, integrated services for these (high risk) children. For those reasons, **Ms. Allums** said they stood in support of SB 94.

Steve Yeakel, Montana Council for Maternal & Child Health, explained it has been in the last few years the council has become deeply involved in mental health issues. It is because they see the connection between physical health and mental health. He said the bill had provided a ray of hope, besides having a good track record. For fiscal reasons and for health reasons, he expressed that it was the right thing to do.

Chris Christiaens, Montana Chapter National Association of Social Workers, spoke for the chapter, stating it brings together various funding screens and puts them into a coordinated and integrated system that is good for the children. He elaborated by saying the bill will assure the children will be treated in the least restrictive environment, not in out of state placement, and should be a cost savings long term.

Shirley Brown, DPHHS, representing Child Support Enforcement Services, asserted their support of SB 94. She attested to the increased communication and accountability between agencies and providers over the last year and a half at both the state and local levels. The bill addresses budget issues, it requires participation of all agencies who serve children. Furthermore, it requires participation of families as a whole and individuals. The bill also requires maximizing funding and it also requires specific indicators and measurement of outcomes for children. It also calls for increased involvement in case planning. SB 94 will help prevent duplication of services and promote unified planned care. **Ms. Brown** believed the key to SB 94 is the commitment of the agencies and the providers. She attested to seeing that high level of commitment at work, and it is working well. She urged the committee to pass SB 94.

Jani McCall, MCI, came to support SB 94, and to represent MCI. **Ms. McCall** expounded upon the previous proponents testimony, repeating the success they have achieved, and the remarkable efforts the agencies have put into working together for a common goal. She referred to an MCI report she provided earlier (exhibit 2). It gave a complete chronology of MCI's events, and profiles of individual children and the experiences they have had. The report also provides a complete history. **Ms. McCall** asked for two friendly amendments. She said they unintentionally

excluded "Indian children" and "Indian representatives," in the bill and asked if those changes could be noted. It would appear on page 3, line 27, following: "children" insert: ",including Indian children,"; page 4, line 27, following: "agencies," insert: ', including Indian representatives, "; and page 4, line 30, following: "youth," insert: ",including Indian parents, family members, and youth." **CHAIRMAN O'NEIL** said she could connect with Dave Bohyer, the committee's legislative staffer to make those changes, and then it could be addressed when executive action took place. **Ms. McCall** said that including the language system of care in the bill ties to the federal grants that are available through a substance abuse mental health agency. Including the language will be helpful when applying. Montana is one of three states that does not have one of those grants, which are of significant amounts, and will be urging the State of Montana to apply for one of those grants. She ended by urging support of SB 94.

Denise Griffith, MCI, handed in written testimony support of SB 94 **EXHIBIT (phs08a07)**.

Jeff Sturm, Developmental Disabilities Program, said he had been personally involved in SB 454 since the beginning and supports anything that will continue to improve the communication between agencies. The Developmental Disabilities Program currently serves 1600 kids, many of them having multi-agency needs. They look at SB 94 as another opportunity to make the program work better.

Kristi Blazer, Kids Behavioral Health of Montana, said she was here representing her organization, formerly known as Children's Comprehensive Services, which is a residential treatment center, in Butte, MT. She said they supported SB 94 because it is a continuation of SB 454 and they support the continued access of in-state placement of high risk children.

SEN. BOB KEENAN, SD 38, Big Fork, enthusiastically supported SB 94. He said the Flathead Youth Service was a lot like the pilot projects and thinks they are great models for coordinating all efforts. He expressed frustration at the glacial pace these things take place, but said this was a great effort.

Opponents' Testimony: None.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. SCHMIDT wanted to know from where the funds were removed. **Ms. Allums** believed the funds removed were the detention funds under general funds. The funding provided for this program is a direct grant from the Office of Juvenile Justice and Delinquency Prevention.

SEN. SCHMIDT asked in which grant it was that Montana was one of only three states that did not have funding. **Ms. McCall** said it was called SAMHSA, Substance Abuse & Mental Health Services Administration. It is for comprehensive community mental health services for children.

SEN. ESP wanted to know if there was a monetary figure to show what the savings were from having fewer kids in out of state placement. **SEN. STONINGTON** said it was her understanding that because there are so many agencies involved, tracking what the savings were for those 100 kids was hard. The same 100 kids move on and off, or it is not the same 100 kids on the top 100 list. She could not give him a dollar figure in savings.

SEN. ESP needed clarification why certain parts of the bill were being redone or eliminated. **SEN. STONINGTON** said it was to provide greater flexibility in how all these funds are handled. The sections being repealed were restrictive.

SEN. ESP asked **Jani McCall** if she could further enlighten him on the previous question to **SEN. STONINGTON** as to why the sections were being added or changed. **Ms. McCall** said it was mainly cleanup. She asked if she could further address the cost question **SEN. ESP** had earlier. She said MCI was currently doing an in depth survey to figure out cost savings with the top 25 kids that were on the list as of July 2002. MCI identified those kids as having the highest cost in not only mental health. They would cross over to Division of Child and Family Services, and so forth.

{Tape: 1; Side: B}

SEN. GRIMES said the committee would be granting rule making authority for things being removed from the code with the repealer. For implementation for things being added to the bill, which are quite broad, **SEN. GRIMES** wanted to know if they were not ending up being more restrictive with this bill. It would appear the bill would be giving much latitude to the system of care committee for the purposes of coordinating the agencies and the treatment of high risk youth. He wanted to know if that were a correct assessment. **Ms. McCall** said it was a correct assessment. This is needed to address it in a comprehensive

collaborative way. Otherwise, the best interests of the youth will not be met.

SEN. GRIMES speculated whether or not some agencies may have a higher stake in issues that surround a youth, and would their decisions be eroded because of rules that would be put into place. There could be disparate views on how they thought the youth should be treated and whether or not the least restrictive approach is the most appropriate. He wondered if MCI had found so far in their committee, or if they thought this could result in any kind of tension or difficulty. He could see where there could be some conflict. **Ms. McCall** understood his concern. She said that over a period, they have learned to work together, share the burden, and communicate.

SEN. GRIMES wanted to know how the system worked at a practical level. He wanted clarification as to the committee's roll, if they were there to establish policy that would filter down, rather than usurping individuals' decisions in the different professions. **Ms. McCall** explained that what happens is the kids are referred. Typically these kids have been in out of home placements, either out of state residential treatment center (RTC), or in state RTC, or in partial hospitalization for more than six months. These kids would be referred to the local multi-agency team. This team is made up of decision makers. This is not the treatment team. These are the decision makers at the local level. The treatment team brings a plan forward to the decision makers. They in turn, take all the information the professionals have provided, show the resources they have, and then begin to develop a plan for each child at the local level.

SEN. O'NEIL asked which team **Ms. McCall** was currently describing. **Ms. McCall** said she was talking about the local team. The local team is provided in the bill through the direction of the state planning team, who comprise various agencies. The regional administrators are the ones who decide at the local level for the kids. The state team provides the planning in the division and the directive for the planning at the local level.

SEN. O'NEIL wanted to know if the bill would work if the rule making was changed to the department with this committee shall recommend rules to the legislature for adoption? **Dave Bohyer, Research Director, Legislative Division** said the legislature made laws, the executive implements them through the rule making process. It is the distinction between the policy making and function of the legislature and the administrative functions of the executive branch. He further explained that they can pass the law that would negate the rule or amend or repeal the rule.

SEN. CROMLEY expressed concern that the amendments may be limiting and asked **SEN. STONINGTON** to comment on whether or not the intent is to limit the application of the statues. **SEN. STONINGTON** said the intent was to limit. Because high risk children take up exorbitant amounts of public resources, great effort is put forth to put together these planning teams. It is not the intention to do that with every child, only for the ones who really need the high level coordination.

Closing by Sponsor:

SEN. STONINGTON closed by thanking all the agency people who came and ended on a personal note. Being on this kind of project has been a powerful experience for her to understand what it is we are really trying to do when it comes to these high risk children. It is by the commitment of the agencies to take them on and attempt to meet the sensitive needs of the children. She hopes on the other side of the process, the taxation process, there will be adequate funding to fund these most efficient, effective, and caring efforts in our society.

EXECUTIVE ACTION ON SB 105

Motion/Vote: **SEN. CROMLEY** moved that **SB 105 DO PASS. Motion carried unanimously.**

{Tape: 2; Side: A}

ADJOURNMENT

Adjournment: 4:38 P.M.

SEN. JERRY O'NEIL, Chairman

ANDREA GUSTAFSON, Secretary

JO/AG

EXHIBIT (phs08aad)