

1 HOUSE BILL NO. 589

2 INTRODUCED BY J. KARJALA

3

4 A BILL FOR AN ACT ENTITLED: "AN ACT RELATING TO PREVENTION AND REDUCTION OF ADVERSE
5 CHILDHOOD EXPERIENCES; REQUIRING CONSIDERATION OF ADVERSE CHILDHOOD EXPERIENCES
6 IN STATE PREVENTION EFFORTS; REQUIRING FUNDING OF ONE OR MORE PILOT PROJECTS;
7 PROVIDING AN APPROPRIATION; PROVIDING DEFINITIONS; AMENDING SECTION 2-15-225, MCA; AND
8 PROVIDING AN EFFECTIVE DATE."

9

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

11

12 NEW SECTION. **Section 1. Legislative findings -- intent.** (1) The legislature finds that adverse
13 childhood experiences are a powerful common determinant of a child's ability to be successful at school and, as
14 an adult, to be successful at work, to avoid behavioral and chronic physical health conditions, to avoid encounters
15 with the criminal justice system, and to build healthy relationships.

16 (2) The legislature finds that increased awareness of the consequences of adverse childhood
17 experiences at the state and local levels may allow for development of cooperative strategies to prevent or reduce
18 these experiences. The legislature further finds that preventing or reducing adverse childhood experiences may
19 improve the long-term physical and mental health of Montanans.

20 (3) It is the intent of [sections 1 through 4] to identify the primary causes of adverse childhood
21 experiences in Montana communities and to mobilize broad public and private support in order not only to prevent
22 harm to young children, but to reduce the accumulated harm of adverse experiences and lead to improved health
23 and well-being for Montanans during both their childhood and adult years. [Sections 1 through 4] seek to create
24 a focused effort to:

25 (a) increase awareness and understanding of adverse childhood experiences and the role they play in
26 an individual's development, both as a child and as an adult;

27 (b) identify and promote the use of innovative strategies to prevent or reduce adverse childhood
28 experiences and their long-term effects; and

29 (c) review public and private policies and funding sources to align those policies and funding sources
30 with approaches and strategies that have demonstrated effectiveness.

1 (4) The legislature further intends that efforts to improve the response to adverse childhood experiences
2 should seek to coordinate existing community efforts to effectively respond to the challenge of reducing and
3 preventing adverse childhood experiences while providing flexibility for communities to design responses that are
4 appropriate for each community.

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6 **NEW SECTION. Section 2. Definitions.** As used in [sections 1 through 4], the following definitions
7 apply:

8 (1) "Adverse childhood experiences" means the following situations that, when experienced in the first
9 18 years of life and taken together, are proven by public health research to be powerful determinants of physical,
10 mental, social, and behavioral health across the lifespan:

- 11 (a) child physical abuse;
- 12 (b) child sexual abuse;
- 13 (c) child emotional abuse;
- 14 (d) child emotional or physical neglect;
- 15 (e) alcohol or other substance abuse in the home;
- 16 (f) mental illness, depression, or suicidal behaviors in the home;
- 17 (g) incarceration of a family member;
- 18 (h) witnessing partner or family member assault; and
- 19 (i) parental divorce or separation.

20 (2) "Evidence-based" means a program or practice for which multiple random, controlled trials at different
21 sites and across heterogeneous populations have shown that the program or practice is effective for the
22 population.

23 (3) "Research-based" means a program or practice for which some research demonstrates effectiveness
24 but that does not yet meet the standard for evidence-based programs or practices.

25
26 **NEW SECTION. Section 3. Planning for prevention and mitigation of adverse childhood**
27 **experiences -- report to legislature.** (1) The department shall oversee efforts to coordinate investment by
28 government agencies, nonprofit organizations, and other community organizations in the positive development
29 of children and in preventing and mitigating the effects of adverse childhood experiences. The department shall
30 identify steps that should be taken to meet the goals identified in [section 1], including but not limited to:

- 1 (a) distributing educational information related to adverse childhood experiences to state and local
2 entities in order to increase awareness and understanding of the way in which those experiences affect
3 individuals throughout their lifetimes;
- 4 (b) identifying ways to increase a community's ability to respond to, prevent, and mitigate adverse
5 childhood experiences;
- 6 (c) making recommendations for evidence-based and research-based efforts that could be taken at the
7 state and local levels to prevent or mitigate adverse childhood experiences; and
- 8 (d) identifying potential sources of support for building the capacity of state or local entities to carry out
9 the department's recommendations, including but not limited to:
- 10 (i) sources of funding; and
- 11 (ii) existing university-based or private programs focused on increasing awareness of and improving the
12 response to adverse childhood experiences.
- 13 (2) The department shall work with interested parties in carrying out the provisions of this section,
14 including but not limited to:
- 15 (a) the Montana children's trust fund board provided for in 2-15-2214;
- 16 (b) the interagency coordinating council for state prevention programs provided for in 2-15-225;
- 17 (c) early learning coalitions;
- 18 (d) local public health agencies as defined in 50-1-101 and other public agencies involved with
19 interventions in or prevention of adverse childhood experiences;
- 20 (e) local organizations that work to promote public health or to prevent or mitigate child abuse and
21 neglect;
- 22 (f) postsecondary institutions;
- 23 (g) Indian tribes; and
- 24 (h) private philanthropic organizations.
- 25 (3) The department may:
- 26 (a) enter into contracts to carry out the purposes of [sections 1 through 4];
- 27 (b) provide funding as available for evidence-based and research-based efforts to prevent or mitigate
28 adverse childhood experiences; and
- 29 (c) accept gifts, grants, or other funds for the purposes of [sections 1 through 4].
- 30 (4) No later than September 15 of each even-numbered year, the department shall report to the children,

1 families, health, and human services interim committee on its progress and any recommendations related to
2 preventing or reducing adverse childhood experiences.

3
4 **NEW SECTION. Section 4. Guidelines for review of programs.** (1) The department may review
5 evidence-based and research-based programs or proposals for activities designed to:

6 (a) alleviate, through home visits by appropriate public health and education representatives, the effect
7 on child development of factors that include but are not limited to poverty, single parenthood, parental
8 unemployment or underemployment, parental disability, and parental education needs;

9 (b) improve a child's readiness to learn and succeed in school;

10 (c) prevent or reduce youth involvement in the juvenile justice system;

11 (d) prevent or reduce youth substance abuse, pregnancy, and suicide; and

12 (e) prevent or mitigate the effect of other factors involved in adverse childhood experiences.

13 (2) Based on its review, the department may make recommendations to the governor, the legislature,
14 the Montana children's trust fund board, or other state and local government entities for funding or implementation
15 of evidence-based or research-based programs or proposals on a state or local level.

16
17 **NEW SECTION. Section 5. Pilot projects for preventing adverse childhood experiences.** (1) In
18 consultation with the Montana children's trust fund board, the interagency coordinating council for state
19 prevention programs, and other interested parties, the department shall develop guidelines and request proposals
20 for pilot projects to be funded in the 2017 biennium to prevent or reduce adverse childhood experiences.

21 (2) A pilot project funded under this section must:

22 (a) be based on evidence-based or research-based practices; and

23 (b) demonstrate how it will:

24 (i) educate a community about adverse childhood experiences;

25 (ii) prevent or reduce adverse childhood experiences;

26 (iii) develop a community's capacity to respond to adverse childhood experiences; or

27 (iv) improve statewide awareness of or response to adverse childhood experiences.

28 (3) The department shall identify at least one and no more than three pilot project proposals for funding.
29 The department shall review the proposals and provide funding for at least one pilot project no later than July 1,
30 2016.

1 (4) If more than one pilot project proposal is funded, the approved pilot projects must represent different
 2 geographic areas of the state and differ in the demographic makeup of the populations to be served by the pilot
 3 projects.

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5 **Section 6.** Section 2-15-225, MCA, is amended to read:

6 **"2-15-225. Interagency coordinating council for state prevention programs.** (1) There is an
 7 interagency coordinating council for state prevention programs consisting of the following members:

8 (a) the attorney general provided for in 2-15-501;

9 (b) the director of the department of public health and human services provided for in 2-15-2201;

10 (c) the superintendent of public instruction provided for in 2-15-701;

11 (d) the presiding officer of the Montana children's trust fund board;

12 (e) two persons appointed by the governor who have experiences related to the private or nonprofit
 13 provision of prevention programs and services;

14 (f) the administrator of the board of crime control provided for in 2-15-2006;

15 (g) the commissioner of labor and industry provided for in 2-15-1701;

16 (h) the director of the department of corrections provided for in 2-15-2301;

17 (i) the state director of Indian affairs provided for in 2-15-217;

18 (j) the adjutant general of the department of military affairs provided for in 2-15-1202;

19 (k) the director of the department of transportation provided for in 2-15-2501;

20 (l) the commissioner of higher education provided for in 2-15-1506; and

21 (m) the designated representative of a state agency desiring to participate who is accepted as a member
 22 by a majority of the current coordinating council members.

23 (2) The coordinating council shall perform the following duties:

24 (a) develop, through interagency planning efforts, a comprehensive and coordinated prevention program
 25 delivery system that will strengthen the healthy development, well-being, and safety of children, families,
 26 individuals, and communities;

27 (b) develop appropriate interagency prevention programs and services that address the problems of
 28 at-risk children and families and that can be provided in a flexible manner to meet the needs of those children
 29 and families;

30 (c) in cooperation with the department of public health and human services, undertake activities to

1 increase knowledge of and response to adverse childhood experiences;

2 ~~(c)~~(d) study various financing options for prevention programs and services;

3 ~~(d)~~(e) ensure that a balanced and comprehensive range of prevention services is available to children
4 and families with specific or multiagency needs;

5 ~~(e)~~(f) assist in development of cooperative partnerships among state agencies and community-based
6 public and private providers of prevention programs; and

7 ~~(f)~~(g) develop, maintain, and implement benchmarks for state prevention programs. As used in this
8 subsection, "benchmark" means a specified reference point in the future that is used to measure the state of
9 affairs at that point in time and to determine progress toward or the attainment of an ultimate goal, which is an
10 outcome reflecting the desired state of affairs.

11 (3) The coordinating council shall cooperate with and report to any standing or interim legislative
12 committee that is assigned to study the policies and funding for prevention programs or other state programs and
13 policies related to children and families.

14 (4) The coordinating council must be compensated, reimbursed, and otherwise governed by the
15 provisions of 2-15-122.

16 (5) The coordinating council is attached for administrative purposes only to the governor's office, which
17 may assist the council by providing staff and budgetary, administrative, and clerical services that the council or
18 its presiding officer requests.

19 (6) Staffing and other resources may be provided to the coordinating council only from state and nonstate
20 resources donated to the council and from direct appropriations by each legislature."

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22 **NEW SECTION. Section 7. Appropriation.** There is appropriated \$50,000 from the general fund to the
23 department of public health and human services for the pilot projects to prevent or mitigate adverse childhood
24 experiences provided for in [section 5].

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26 **NEW SECTION. Section 8. Notification to tribal governments.** The secretary of state shall send a
27 copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell
28 Chippewa tribe.

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30 **NEW SECTION. Section 9. Codification instruction.** [Sections 1 through 4] are intended to be codified

1 as an integral part of Title 52, chapter 2, and the provisions of Title 52, chapter 2, apply to [sections 1 through 4].

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3 NEW SECTION. **Section 10. Effective date.** [This act] is effective July 1, 2015.

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