



AN ACT PROVIDING FOR THE MULTIAGENCY CHILDREN'S SERVICES SYSTEM OF CARE INITIATIVE FOR HIGH-RISK CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE TO BUILD STATE AND COMMUNITY CAPACITY TO SUPPORT THE APPROPRIATE CARE AND TREATMENT OF HIGH-RISK CHILDREN IN THE LEAST RESTRICTIVE AND MOST APPROPRIATE SETTING; AMENDING SECTIONS 52-2-301, 52-2-302, 52-2-303, 52-2-304, AND 52-2-308, MCA; REPEALING SECTIONS 52-2-305, 52-2-306, AND 52-2-307, MCA; AND PROVIDING AN EFFECTIVE DATE.

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

Section 1. Section 52-2-301, MCA, is amended to read:

"52-2-301. State policy. The legislature declares that it is the policy of this state:

(1) ~~to the extent that funds are available and using a managed care system,~~ to provide for and encourage the development of a ~~continuum of~~ stable system of care, including quality education, treatment, and services for the high-risk children of this state with multiagency service needs, to the extent that funds are available;

(2) to serve high-risk children with multiagency service needs either in their homes or in the least restrictive and most appropriate setting ~~that is most appropriate to for~~ their needs ~~as provided in 52-2-306 and 52-2-307~~ in order to preserve the unity and welfare of the family, whenever possible, and to provide for their care and protection and mental, social, and physical development;

(3) to serve high-risk children with multiagency service needs ~~within the~~ their home, community, region, and state, whenever possible, and to use out-of-state providers as a last resort;

(4) to provide integrated services to high-risk children with multiagency service needs;

(5) to contain costs and reduce the use of high-cost, highly restrictive, out-of-home placements;

(6) to increase the capacity of communities to serve high-risk children with multiagency service needs in the least restrictive and most appropriate setting for their needs by promoting collaboration and cooperation among the agencies that provide services to children; and

(7) to prioritize available resources for meeting the essential needs of high-risk children with multiagency service needs."

Section 2. Section 52-2-302, MCA, is amended to read:

"52-2-302. Definitions. The following definitions apply to this part:

(1) ~~(a)~~ "Child ~~High-risk child~~ with multiagency service needs" means a child under 18 years of age who is seriously emotionally disturbed, who is placed or who imminently may be placed in an out-of-home setting, and who has a need for ~~services that are available~~ collaboration from more than one state agency in order to address the child's needs.

(b) The term does not include a child incarcerated in a state youth correctional facility.

(2) "Least restrictive and most appropriate setting" means a setting in which a high-risk child with multiagency service needs is served:

(a) within the child's family or community; or

(b) outside the child's family or community where the needed services are not available within the child's family or community and where the setting is determined to be the most appropriate alternative setting based on:

(i) the safety of the child and others;

(ii) ethnic and cultural norms;

(iii) preservation of the family;

(iv) services needed by the child and the family;

(v) the geographic proximity to the child's family and community if proximity is important to the child's treatment ~~or does not adversely affect the child's treatment.~~

~~(3) "Local agency" means a local interagency staffing group formed pursuant to 52-2-203 or parents who are seeking placement of a child with multiagency service needs and who is suffering from mental, behavioral, or emotional disorders.~~

~~(4) "Managed care" means control of the provision of services to a defined population through a planned delivery system.~~

~~(5)~~(3) "Provider" means an agency of state or local government, a person, or a program authorized to provide treatment or services to a high-risk child with multiagency service needs who is suffering from mental, behavioral, or emotional disorders.

~~(6) "Request for proposals" has the meaning as defined in 18-4-301.~~

~~(7)~~(4) "Services" has the meaning as defined in 52-2-202.

(5) "System of care" means an integrated service support system that:

(a) emphasizes the strengths of the child and the child's family;

(b) is comprehensive and individualized; and

(c) provides for:

(i) culturally competent and developmentally appropriate services in the least restrictive and most appropriate setting;

(ii) full involvement of families and providers as partners;

(iii) interagency collaboration; and

(iv) unified care and treatment planning at the individual child level."

Section 3. Section 52-2-303, MCA, is amended to read:

"52-2-303. ~~Multiagency service placement plan~~ Children's system of care planning committee -- membership -- administration. (1) There is a ~~multiagency service placement plan~~ children's system of care planning committee.

(2) The committee is composed of the following members:

(a) an appointee of the director of the department of public health and human services representing the mental health program;

(b) an appointee of the director of the department of public health and human services representing child protective services;

(c) an appointee of the director of the department of public health and human services representing the developmental disability program;

(d) an appointee of the director of the department of public health and human services representing the chemical dependency treatment program;

(e) other appointees considered appropriate by the director of the department of public health and human services who may be representatives of families of high-risk children with multiagency service needs, service providers, or other interested persons or governmental agencies;

~~(b)~~(f) an appointee of the superintendent of public instruction representing education; and

~~(c)~~(g) an appointee of the director of the department of corrections;

(h) an appointee of the youth justice council of the board of crime control; and

(i) an appointee of the supreme court representing the youth courts.

(3) The committee is attached to the department of public health and human services for administrative purposes only as provided in 2-15-121.

(4) Except as provided in this section, the committee must be administered in accordance with 2-15-122."

Section 4. Section 52-2-304, MCA, is amended to read:

"52-2-304. Committee duties. (1) The committee established in 52-2-303 shall, to the extent possible within existing resources:

~~(1) assist the department in the development of the plan required by 52-2-305;~~

~~—— (2) develop policies aimed at allowing local agencies, through a managed care system, to access funding for services for children with multiagency service needs:~~

~~—— (a) that are currently provided by out-of-state providers; and~~

~~—— (b) who may have a future need to obtain services provided by out-of-state providers unless in-state services are developed; and~~

(a) develop policies aimed at eliminating or reducing barriers to the implementation of a system of care;

(b) promote the development of an in-state quality array of core services in order to assist in returning high-risk children with multiagency service needs from out-of-state placements, limiting and preventing the placement of high-risk children with multiagency service needs out of state, and maintaining high-risk children with multiagency service needs within the least restrictive and most appropriate setting;

~~(3)(c)~~ advise local agencies to ensure that the agencies comply with applicable statutes, administrative rules, and department policy in committing funds and resources for the implementation of unified plans of care for high-risk children with multiagency service needs and in making any determination that a high-risk child with multiagency service needs cannot be served by an in-state provider;

(d) encourage the development of local interagency teams with participation from representatives from child serving agencies who are authorized to commit resources and make decisions on behalf of the agency represented;

(e) specify outcome indicators and measures to evaluate the effectiveness of the system of care; and

(f) develop mechanisms to elicit meaningful participation from parents, family members, and youth who are currently being served or who have been served in the children's system of care in the initiative.

(2) The committee shall coordinate responsibility for the development of a stable system of care for high-risk children with multiagency service needs that may include, as appropriate within existing resources:

(a) pooling funding from federal, state, and local sources to maximize the most cost-effective use of funds to provide services in the least restrictive and most appropriate setting to high-risk children with multiagency

service needs;

(b) applying for federal waivers and grants to improve the delivery of integrated services to high-risk children with multiagency service needs;

(c) providing for multiagency data collection and for analysis relevant to the creation of an accurate profile of the state's high-risk children with multiagency service needs in order to provide for the use of services based on client needs and outcomes and use of the analysis in the decisionmaking process;

(d) developing mechanisms for the pooling of human and fiscal resources; and

(e) providing training and technical assistance, as funds permit, at the local level regarding governance, development of a system of care, and delivery of integrated multiagency children's services.

(3) (a) In order to maximize integration and minimize duplication, the local interagency team, provided for in subsection (1)(d), may be facilitated in conjunction with an existing statutory team for providing youth services, including:

(i) a child protective team as provided for in 41-3-108;

(ii) a youth placement committee as provided for in 41-5-121 and 41-5-122;

(iii) a county interdisciplinary child information team or an auxiliary team as provided for in 52-2-211;

(iv) a foster care review committee as provided for in 41-3-115; and

(v) a local citizen review board as provided for in 41-3-1003.

(b) If the local interagency team decides to coordinate and consolidate statutory teams, it shall ensure that all state and federal rules, laws, and policies required of the individual statutory teams are fulfilled."

Section 5. Section 52-2-308, MCA, is amended to read:

"52-2-308. Rulemaking. The department shall adopt rules necessary to implement 52-2-301 through ~~52-2-307~~ 52-2-304. The rules must be adopted in cooperation with the committee established in 52-2-303."

Section 6. Repealer. Sections 52-2-305, 52-2-306, and 52-2-307, MCA, are repealed.

Section 7. Effective date. [This act] is effective July 1, 2003.

- END -

I hereby certify that the within bill,
SB 0094, originated in the Senate.

Secretary of the Senate

President of the Senate

Signed this _____ day
of _____, 2019.

Speaker of the House

Signed this _____ day
of _____, 2019.

SENATE BILL NO. 94

INTRODUCED BY E. STONINGTON

BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

AN ACT PROVIDING FOR THE MULTIAGENCY CHILDREN'S SERVICES SYSTEM OF CARE INITIATIVE FOR HIGH-RISK CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE TO BUILD STATE AND COMMUNITY CAPACITY TO SUPPORT THE APPROPRIATE CARE AND TREATMENT OF HIGH-RISK CHILDREN IN THE LEAST RESTRICTIVE AND MOST APPROPRIATE SETTING; AMENDING SECTIONS 52-2-301, 52-2-302, 52-2-303, 52-2-304, AND 52-2-308, MCA; REPEALING SECTIONS 52-2-305, 52-2-306, AND 52-2-307, MCA; AND PROVIDING AN EFFECTIVE DATE.

