



Children, Families, Health, and Human Services Interim Committee

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58th Montana Legislature

SENATE MEMBERS

JOHN ESP
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GERALD PEASE
TRUDI SCHMIDT

HOUSE MEMBERS

EVE FRANKLIN--Vice Chair
DON ROBERTS--Chair
EDITH CLARK
CAROL GIBSON

COMMITTEE STAFF

SUSAN FOX, Research Analyst
GREG PETESCH, Staff Attorney
DAWN FIELD, Secretary

MINUTES

October 30, 2003

Room 102, State Capitol
Helena, Montana

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed. Committee tapes are on file in the offices of the Legislative Services Division.

Exhibits for this meeting are available upon request. Legislative Council policy requires a charge of 15 cents a page for copies of the document.

COMMITTEE MEMBERS PRESENT

REP. DON ROBERTS, Chair
REP. EVE FRANKLIN, Vice Chair

SEN. JOHN ESP
SEN. JERRY O'NEIL
SEN. TRUDI SCHMIDT

REP. EDITH CLARK
REP. CAROL GIBSON

COMMITTEE MEMBERS EXCUSED

SEN. GERALD PEASE

STAFF PRESENT

SUSAN FOX, Research Analyst
GREG PETESCH, Staff Attorney
DAWN FIELD, Secretary

AGENDA & VISITORS' LIST

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

CALL TO ORDER AND ROLL CALL

Rep. Roberts called the meeting to order at 8:05 a.m. Roll call was taken; Sen. Pease was excused, all other members were present (Attachment #3).

Susan Fox, Research Analyst, Legislative Services Division (LSD), reviewed the mandates of SJR 11 which requires that the Committee (Exhibit #1):

1. review the progress made by the Governor's and Attorney General's Alcohol, Tobacco, and Other Drug Control Policy Task Force and the proposals enacted by the 58th Legislature, and
2. continue to identify the issues and to develop proposals for a coordinated, cooperative effort by federal, state, and local levels of government and the private sector to implement prevention and early intervention efforts, to develop and use alternatives to incarceration, and to provide appropriate treatment opportunities at the most effective time and in the most cost-effective and efficient manner.

Ms. Fox distributed and discussed the following information and exhibits:

- Exhibit #2 - Summary of State Spending on Substance Abuse (compiled by Miko Owa from a three-year study of the economic costs associated with substance abuse for Montana and several surrounding states);
- Exhibit #3 - Department of Public Health and Human Services (DPHHS) / Addictive and Mental Disorders Division (AMDD) SFY 2004 Chemical Dependency Budget;
- Exhibit #4 - Unified Prevention Budget submitted by the Interagency Coordinating Council (ICC);
- Exhibit #5 - Legislative Fiscal Division (LFD) Report: Tobacco Settlement Funds; and
- Exhibit #6 - Chemical Dependency Bureau 2002 Annual Report (DPHHS).

Sandy Mack, Facilitator Mediator, AQuest Collaborative Solutions, suggested the Committee identify two or three policy areas on which to focus, since the SJR 11 study topic is such a vast one. She said due to the limited amount of time available, the Committee should prioritize its choices and then, if time allows, include more areas for study. Ms. Mack asked the Committee to help her identify "ground rules" that would assist the Committee in completing its work. Ms. Mack said that throughout the meeting, she would help the Committee narrow its focus and post-meeting, prepare a final "consensus" document outlining the policies and areas of study the Committee identified as its priorities.

Rep. Roberts commented that he thought it was important to identify the problem carefully before jumping to the solution process.

Sen. Schmidt asked Ms. Mack to further explain what she meant by "ground rules". Ms. Mack said she would like the Committee to identify behaviors that would allow the study process to proceed smoothly such as the willingness to listen to all ideas and decision-making protocol.

Rep. Roberts said group consensus is important because then the study will have the full support of all Committee members and there will not be a "win-lose" aspect to the decisions made by the Committee.

STRENGTHS AND WEAKNESSES IN MONTANA'S CONTINUUM OF SERVICES AND WHAT CAN THE LEGISLATURE DO ABOUT IT?

Implement Prevention and Early Intervention Efforts

Vickie Turner, Prevention Resource Center (PRC), Issues and Opportunities began the panel presentations by discussing the ICC Workgroup Recommendations for Task 7 - Prevention/Intervention and Science Based Definitions (Exhibit #7).

Ms. Turner also discussed prevention strategies and how they are used to affect target populations (Exhibit #8).

Sen. Esp referred back to Exhibit #7, Item 3 and asked Ms. Turner to further discuss "delaying" risk behaviors versus not ever starting risk behaviors in the first place. **Jackie Jandt, Community Incentive Program, Adult Mental Disorder Division (AMDD)**, explained the goal is to prevent and/or delay young children from engaging in risk behaviors until they are of legal age. She said not only does a young child's brain go through several growth spurts during those years and it is critical that their brains not be exposed to harmful substances, but also the likelihood of engaging in these risk behaviors decreases as they get older.

Rep. Rosie Buzzas, Director, Flagship Program, discussed prevention strategies and the specifics of how the Flagship Program in Missoula operates, why it is unique, how its effectiveness is measured, and how the Flagship Program fits into the larger community strategy (Exhibit #9).

Rep. Roberts said it is often parents who first allow access to alcohol and tobacco and asked Ms. Buzzas if she thought children could influence their parents to stop their own use of drugs and alcohol. Ms. Buzzas said this was possible and that the Flagship Program attempts to show children there are alternatives to drug and alcohol use.

Rep. Roberts asked if the state plays a role in the Flagship Program's receiving of Montana Board of Crime Control (MBCC) funds. Ms. Buzzas said the MBCC gets federal funding and distributes it to communities through a competitive grant process. Ms. Buzzas commented she would like to see the MBCC focus less on enforcement and more on prevention.

Rep. Roberts asked the Legislature could take action that would help facilitate or encourage more access to these federal funds. Ms. Buzzas said the legislature could address the issue through policy decisions.

Rep. Roberts said he supported the idea of a statewide data base established at the executive level and made available to all communities. He stated this type of data base would be invaluable in statewide prevention efforts.

Ms. Buzzas distributed a brochure on the Flagship Program to the Committee members (Exhibit #10).

Sen. Schmidt asked Ms. Buzzas if other Montana communities have programs similar to the Flagship Program. Ms. Buzzas said the Flagship Program is based on a national model called

Beacons to Success and to her knowledge, no other Montana program uses this model. Ms. Buzzas added that the Flagship Program is based on research and best practices and that she would like to this model replicated around the state.

Jackie Jandt presented information to the Committee on the prevention efforts being made in the Native American community. She said in January of 2003, Montana received national recognition for its innovative approach in prevention efforts on the Montana Reservations. She specifically discussed the Flathead Reservation and Lake County Coalition for Kids (Exhibit #11).

Ms. Jandt said in order for communities to be able to compete on a national level for many of the grants that are currently available, it is critical that they have a community incentive program and a prevention needs assessment in place. Ms. Jandt commented that Montana is actually data-rich but because there is no central data bank, it is difficult for communities to access the information. This results in Montana losing out on funding that it is eligible to receive.

Ms. Jandt said Joyce Silverthorn, Lake County Coalition for Kids, had suggestions for the Committee that would help other communities duplicate the Flathead efforts and said there is a need for:

- a centralized evaluation system for gathering data on Montana children;
- create standardized and uniform language to eliminate miscommunication and confusion between groups and agencies;
- breaking down parallel systems and to encourage more cooperative efforts;
- youth access to treatment and prevention and what communities can do to improve programs;
- more comprehensive technical support from state agencies for the Reservations;
- more support for the website because it is critical to Montana's small and remote communities for gathering information; and
- a working knowledge or protocol for working with Tribes at the state level.

Provide Appropriate Treatment Opportunities at the Most Effective Time and in the Most Cost-Effective Manner

Peg Shea, Western Montana Addiction Services, gave a Power Point presentation detailing how the brain works, focusing particularly on how it reacts to addictive drugs. Ms. Shea's presentation also included information on treatment options, 2001 admission data, statistics on need versus care available in Montana, and recommendations for addressing this issue (Exhibit #12).

Rep. Gibson asked Ms. Shea how she gathered her statistics on the needs versus the level of care being provided. Ms. Shea said the information was gathered through an extensive adult household phone survey.

Ms. Shea also discussed policy recommendations. Her recommendations were as follows:

- decrease youth access to alcohol and tobacco;
- increase resources for treatment,
- create a Leadership Council that is supported legislatively, judicially, and executively to lead state efforts in dealing with the drug and alcohol issues facing Montana.

Ms. Shea introduced two people who testified regarding their experience in treatment programs for their addiction problems.

Aaron Hardy, recovering addict testified he started smoking cigarettes when he was in the sixth grade and quickly progressed to using alcohol and drugs. Mr. Hardy said by the time he was 22 years old, he had already been through two failed recovery attempts. He said he is now 29 years old, is a recovering addict, and works for his treatment program as House Manager. Mr. Hardy testified that there is a dire need for funding for treatment services for Montanans because the road to recovery from an addiction is long-term and costly.

Rep. Roberts asked Mr. Hardy why his third recovery attempt was successful. Mr. Hardy said he finally realized that he would die if he continued with his addiction and he decided he was ready to start his rehabilitation. Mr. Hardy said he made the decision for himself, someone didn't make it for him.

Ms. Shea said the most important factor in a successful recovery is that the addict makes the decision to recover for himself.

Mr. Hardy said it is also unrealistic to expect the addict not to relapse. Mr. Hardy said the best approach to use is to try to have power with the addict and not over the addict, and to connect with them before they end up in prison.

Marie Duffy, recovering addict, testified that she "got high" for the first time with her father when she was seven years old and continued to use drugs from that point on. She said she quit school when she was 14 years old and her life at that point revolved around her drug use. Ms. Duffy said she started using methamphetamines as her primary drug in her teens. She said she had little family support and had many encounters with the juvenile justice system. She said her probation officer finally gave her a choice between prison or a treatment home. Ms. Duffy said she chose the treatment home and while she did not want to be there initially, she has "been clean" for eight months. She said the treatment home has turned out to be a wonderful experience for her: she has learned new skills, has completed her GED, is exploring options for college, and has reconnected with her daughter. She added that she gives full credit for her success to the treatment home she is in and encouraged the Committee to support these programs. Ms. Duffy closed by saying that addicts are worth the effort and can recover if the necessary services are available to them.

Rep. Gibson asked Ms. Duffy if her treatment home was a group recovery home and if she was allowed to have her daughter with her there. Ms. Duffy said she was allowed to have her daughter with her and that was very helpful to her in her recovery efforts.

Sen. Schmidt said the treatment home was one of three in the state that allows children to live with their mothers while they are undergoing treatment. She said there had been a bill in the 2003 Legislature that would have increased the number of homes but it failed.

Ms. Shea said the treatment homes were previously funded by the Temporary Assistance to Needy Families (TANF) program but are now funded by Addictive Mental Disorders Division (AMDD). Ms. Shea said TANF women are a priority in the group home recovery program.

Rep. Gibson said the best chance women have for recovery is to have their children with them.

Ms. Duffy said she did not think her recovery would have been a success if she had not been allowed to have her daughter with her.

Rep. Franklin asked Ms. Duffy how long she had used methamphetamines. Ms. Duffy answered that she had used meth for approximately three years. Rep. Franklin asked her how long after beginning treatment it took for her to notice that her brain function was beginning to improve. Ms. Duffy said it took about eight months to regain her cognitive thinking skills. Rep. Franklin commented that she wanted the Committee to be aware that the recovery process is a lengthy one.

Ms. Shea said research shows that there is a real and physical change in the brain of a methamphetamine addict. She said the recovery process must be based on this knowledge.

Sen. O'Neil asked Ms. Shea if the brain is able to restore its ability to produce dopamine. Ms. Shea said the research is contradictory and she could not answer definitively at this time.

Sen. Schmidt asked Mr. Hardy and Ms. Duffy for their opinions on what could have been done to prevent them from engaging in the initial behaviors that led them to become addicts.

Mr. Hardy said he thought both parental and school support could have influenced him to not engage in the risk behaviors. He said that time, there was nothing in place to educate him on addiction or to prevent his behaviors.

Ms. Duffy said it was a learned behavior for her because she saw her parents engaging in the behavior.

Ms. Shea said Project Success, a U.S. Department of Education grant, put substance abuse counselors in Missoula high schools. She reported that from January 2003, to June 2003, there were over 600 students that asked for help from the program. Of those, 225 students participated in a tobacco cessation program, the remaining students were there as children of alcoholics or as an addict themselves.

Rep. Roberts asked Ms. Duffy if she could estimate a dollar amount of what she spent per year on methamphetamine use. Ms. Duffy said she thought it was approximately \$50,000 per year. Rep. Roberts asked if that was an average amount. Ms. Duffy said she thought it was a little higher than average.

Dan Anderson, DPHHS & AMDD, appeared before the Committee to discuss the Co-Occurring Disorders Task Force and Pilot Program. Mr. Anderson defined a "co-occurring disorder" as one who suffers from a mental disorder and an addictive disorder. Mr. Anderson said not only is the combination extraordinarily difficult to treat, but that it is very challenging for the state to find and provide the services these people need. Mr. Anderson said the two disorders are often treated separately, resulting in a low recovery rate and recommended an integrated treatment approach - one treatment for both disorders.

Mr. Anderson said the DPHHS created a Task Force in 2000 to integrate policy and training to aid in the design of an effective treatment approach for patients with co-occurring disorders.

Mr. Anderson distributed a report prepared by Mike Mikulski on the Russell County Collaborative for the Treatment of Co-occurring Disorders (Exhibit #13). This report is a joint effort with Golden Triangle Mental Health Center and Benefis Healthcare-Behavioral Services, also located in Great Falls, that developed an integrated treatment approach for the co-occurring population of Montana. A limited number of patients that met the co-occurring disorder criteria were selected for the pilot program and Mr. Anderson reported that much has been learned from the pilot program and the barriers it faced, therefore changes and modifications to the program have been made to go forward.

Mr. Anderson also submitted information to the Committee on Substance Abuse and Mental Health Services Administration (SAMHSA) and said there would be a grant proposal submitted to SAMHSA in the spring of 2004 for funding the treatment of co-occurring disorders (Exhibit #14). He said Montana is proposing the creation of an entire structure for co-occurring services that includes doing a needs analysis and making changes to the existing services to more effectively treat the co-occurring disorder patients.

Mr. Anderson it is the goal of the DPHHS to become "co-occurring capable", meaning that all services and programs will be linked and integrated to serve the patients with co-occurring disorders. He said assessment tools have been purchased to help identify where the strengths and weaknesses are in the existing programs. He said the department is being aggressive in identifying where services need to be strengthened, where changes in state policies need to be made, and where coordination with other agencies and interagency relationships can be improved.

Rep. Franklin commented that in her experience as a psychiatric nurse, professional practice patterns have been lacking. She said practitioners frequently simply prescribe a medication without performing a needs assessment. She said she would like a mechanism put in place to encourage the practitioner to do a needs assessment before writing a prescription.

Mr. Anderson reported that a Billings healthcare facility includes training for the primary care doctors in managing patients with both an addiction and a mental illness.

Susan Fox, Research Analyst, LSD, discussed the "Drug and Alcohol Policy Areas for Consideration" handout (Exhibit #15) and asked the Committee to begin formulating suggestions on how to:

- implement prevention and early intervention efforts;
- provide appropriate treatment opportunities at the most effective time and in the most cost-effective and efficient manner;
- develop and use alternative to incarceration; and
- develop proposals for a coordinated cooperative effort by federal, state, and local levels of government and the private sector.

Develop and Use Alternatives to Incarceration

Mike Batista, Criminal Investigation Administrator, Department of Justice (DOJ), provided information to the Committee on the Meth-Free Montana Conference held recently in Great Falls:

- the purpose of the conference was to create a model for use by other communities for developing a plan for dealing with the methamphetamine problem;
- a speaker from the Drug Enforcement Agency gave a national perspective on the meth lab issue;
- the production of methamphetamine is a growing problem in the western region of the United States, including Montana;
- there is a variety of serious health threats to young children living in a home where methamphetamine is manufactured;
- a local panel discussed prosecuting challenges, how the community can help law enforcement and prosecutors, coordination of efforts between agencies to provide treatment services, treatment options, and sentencing issues.

Mr. Batista said there is a website available that has a lot of information on meth-related issues such as:

- the issue of precursors (a substance that precedes and is the source for another substance) such as Sudafed, acetone, fertilizer, and other legitimate products that are used to manufacture methamphetamine;
- how to safely clean up a meth lab; and
- Native American issues as they relate to methamphetamine use.

Mr. Batista also said Montana has received federal funding to assist in purchasing safety equipment for law enforcement officers, developing a state-wide intelligence system, providing additional training and education, the purchase of crime lab equipment, and mentoring programs for at-risk children.

Mr. Batista said the DOJ intends to continue to develop local alliances, look for additional funding, and hold community meetings to inform and educate citizens, discuss possible legislative solutions, examine chemical control statutes, and issues relating to clean up of meth lab sites.

Mr. Batista gave Committee members a brochure outlining the recommended protocol for handling a meth lab: how to identify a meth lab materials and equipment, the hazards of a meth lab, who to call, and appropriate first aid measures (Exhibit #16).

Rep. Franklin commented that she attended the Meth-Free Montana Conference and thought it was excellent. She said the focus on drug-endangered children as a prevention strategy was an especially important point.

Rep. Roberts asked if, because of the difference between federal and state law, there was more of a prevalence of meth labs on Indian reservations or off the reservation. Mr. Batista said to date, there have been more labs found off of reservations. He added that it could be due to the limited information he has access to that is coming from the reservations. He said this issue needs to be examined and that an analyst was needed to find the gaps in reporting.

Honorable Judge Kenneth Neill, Eighth Judicial District, Cascade County, made several points:

- The Committee has his full support for the SJR 11 study.
- The revocation of parole is almost always related to drug abuse.
- A District Judge designs a sentence to be appropriate for the offense, however incarceration is not always the answer and sentencing alternatives would be welcomed by judges.
- He urged the Committee to focus on the idea of treatment and said in his opinion, that has been a missing component of the system.

Cheryl Liedle, Sheriff, Lewis and Clark County, discussed her perspective as Sheriff and said:

- the Lewis and Clark County jail was built for an inmate population of 58 and the average daily population is between 78 and 82;
- approximately 95% of the inmate population are substance abusers;
- local government is burdened with large medical bills in caring for these inmates,
- meth is the most prevalent drug used and has surpassed alcohol use;
- inmates have to go through withdrawal in their jail cell;
- attempted suicide can be a result of this withdrawal, which places an even larger burden on an over-worked staff;
- she does not feel this is appropriate for a local detention center;
- children are frequently involved in meth lab raids and arrests;
- Lewis and Clark County has participated in the DARE Program and while she has no statistics to prove it, she feels it is an effective prevention program;
- law enforcement officers on a state-wide basis participate in the Big Brother/Big Sister mentoring programs for at-risk kids;
- the meth problem is very highly addictive, readily available, and is a crisis for our state and nation;
- her officers deals with it on a daily basis; and
- incidences of violence and injury to officers is escalating.

Rep. Gibson asked Sheriff Liedle what would be of most help to law enforcement officers. Sheriff Liedle said meth prisoners are frequently very violent and that a staffed and secure facility where she could provide appropriate treatment for these types of inmate would be very helpful to her staff.

Rep. Roberts asked Sheriff Liedle if she thought her job had been transformed from strictly law enforcement into a role of medical provider due to the meth problem. Sheriff Liedle said in her opinion, that has happened. Rep. Roberts asked if medical care costs have been included in the budgeting process. Sheriff Liedle said more and more of her budget is going to medical care and it is taxing other operations within the budget.

Sen. Schmidt asked if other states introduce treatment programs at the local jail level. Sheriff Liedle said there are such programs in existence but she would have to research them in order to provide details.

Ms. Shea said an Ohio judge spoke to the Department of Corrections several years ago of a program operating there in which there was an agreement among the various law enforcement

agencies that there would be no more than 48 hours between an arrest and an appearance before a judge. The person would be released if they had a safe place to be released to and if they agreed to follow a pre-sentencing treatment and assessment plan. Ms. Shea said if the person successfully followed this plan until it was time to appear before the judge for sentencing, the judge could consider this in his sentencing. Ms. Shea said this would free up jail space and law enforcement resources, as well as be beneficial to the prisoner.

Judge Neill said this would be an option in some situations, but many times meth addicts are difficult to work with and require a long-term treatment plan.

Rep. Roberts said many years ago, Galen had a detoxification program that treated patients before sentencing. He asked Sheriff Liedle if she thought this type of facility and service was needed again. Sheriff Liedle said she thought it was very necessary to have a facility that could provide that service.

Ms. Shea said a regional facility would be a better treatment alternative for many reasons:

- meth addicts are frequently violent and it would pose a danger to the officers and public to transport them long distances,
- this type of patient needs quiet and subdued surroundings and an institutional setting is rarely that.

Annette Carter, Probation and Parole Supervisor, Department of Corrections (DOC),

said:

- she oversees seven local probation officers and 633 offenders in Lewis and Clark County;
- in Montana, there are 7,054 offenders on probation, parole, or conditional release;
- she estimates that approximately 80% of the offenders have some type of chemical dependency component to their court order;

Ms. Carter reviewed for the Committee the different correctional treatment programs she oversees:

- The Connections Corrections program - a sixty-day program 35- bed facility, 100 offenders on the waiting list;
- CDITU Treatment Center inside Montana State Prison, also with a long waiting list;
- Boyd Andrews and Turning Point programs operating in the communities;

Ms. Carter said there is a need for:

- relapse groups and informal intervention hearings to keep offenders in compliance with their sentences;
- mentoring groups for offenders coming out of structured programs into the community to provide support and resources to help them be successful;
- employment assistance, such as teaching the offender how to fill out employment applications;

Ms Carter discussed a Billings program designed specifically for methamphetamine users. The program will accommodate thirty offenders and is focused on out-patient treatment to keep them in the community rather than put them into the court system. The participants receive treatment, employment opportunities, and resources for family counseling.

Ms. Carter said Billings also has a probation officer assigned strictly to the offenders coming out of the WATCH Program.

Ms. Carter reported that Gallatin County has an Adult Felony Drug Court:

- that serves about 17 offenders;
- there are four different phases to the program;
- the judge, the county attorney, the defense attorney, the treatment coordinator, and the probation officer all have weekly team meetings with the offender to discuss their progress and treatment and issues they are facing; and
- the grant funding is running out and they are looking for a new source of funding.

Rep. Gibson asked how to walk the fine line of "tough love" versus giving everyone a second chance at recovery. Ms. Carter said currently a 30-day jail sanction is available: the offender is jailed and made to pay for the cost of the jail time. Additionally, as part of that contract with them, not only do they do the jail time, but the programming that they need to get involved with when they are done serving the 30-day sentence is put into place. Ms. Carter said there needs to be a punishment component to offender behaviors and when they find out they are spending \$61.80 per day to sit in the county jail, they usually try to turn things around.

Ms. Shea said there was a similar arrangement in Missoula with the probation and parole office: if an offender is in treatment and not on the ISP program but suffers a relapse, she works closely with the officer in determining if the relapse was a learning experience or if it was just a continuation of the pattern of illegal behavior. Each occurrence is assessed individually and the consequence is determined from the assessment.

Rep. Gibson stated it was clear to her that supervision and guidance are crucial to the recovery process of these offenders and that it is unrealistic to expect them to be successful in their recovery efforts without that supervision and guidance.

Ms. Carter said there are two new DOC programs available in Billings and Missoula: Assessment and Sanction Centers. They are regional centers for offenders that have violated their sentences. They are given chemical dependency, anger management, and mental health counseling and there is an attempt to place them back in the community before sending them back to prison for their sentence violations.

Sen. Esp asked Sheriff Liedle if a percentage of her inmates were federal prisoners. Sheriff Liedle answered the percentage was very low. She said Lewis and Clark County has a contract with the federal marshals to be reimbursed for the costs of housing federal inmates, which includes their medical costs. Sen. Esp asked if that was the arrangement in other Montana counties as well. Sheriff Liedle said most counties have a similar arrangement.

Sen. O'Neil asked if the meth situation was getting better or worse. Sheriff Liedle said in her opinion, it was getting much worse. She estimated it has doubled in the last two years just in Lewis and Clark County.

Mr. Batista agreed with Sheriff Liedle's assessment and said the number of out-of-state meth traffickers bringing drugs into Montana has drastically increased. He said if the meth-user issue isn't addressed effectively, the meth-treatment issues will continue to grow. He said meth is

being aggressively marketed to a young population and this creates the potential for huge problems for Montana.

Sheriff Liedle said a lot of communities are not aware of what is happening with the meth situation and that communication and education efforts must be improved. She said the Attorney General's Office has stepped up efforts and that is helping but much more remains to be done.

Mr. Batista related that a Flathead meth support group has identified over 600 young people in that area alone that are struggling with meth addiction. He stated that this example clarifies the gravity of the meth problem in Montana.

Rep. Roberts asked Sheriff Liedle if she attributes many unexplained deaths to methamphetamine overdose. Sheriff Liedle said there does appear to be a trend in that direction.

Sen. Schmidt asked **Shirley Brown, Division Administrator, Child and Family Services (CFS), DPHHS**, if the concerns raised about centralization of the child abuse hotline for use with drug abuse reports have been addressed. Ms. Brown said the centralized intake system is very new and has only been fully implemented for about a year and a half. Ms. Brown said the department is in the process of assessing how it is working and what areas need to have changes made. Ms. Brown said she is aware of law enforcement concerns about centralized intake. She reported the department is in the process of establishing a team that will look at this issue to determine how it can be improved to the satisfaction of the law enforcement agencies.

Rep. Franklin said one of the issues reinforced at the Meth-Free Montana conference was drug endangered children and said she would like CFS to play a more active role in investigating and protecting children who are reported being in a meth-related situation. Ms. Brown said the meth families are unquestionably the most difficult to work with because CFS' first charge is to keep the family together, which can be very difficult to do when working with meth parents. Ms. Brown noted that the 2003 Legislature passed SB 364, which added language to the existing definition of child abuse and neglect to include that one type of child abuse and neglect is exposing a child to the distribution of dangerous drugs, the production of dangerous drugs, and the presence of a meth lab.

Ms. Fox said, judging from the discussion heard from Judge Neil and Sheriff Liedle, the issue of developing alternatives to incarceration portion of the SJR 11 Study is still a concern. Ms. Fox referred the Committee to Exhibit #15, Items 4 (Combating Driving Under the Influence) and 5 (Targeting Methamphetamines) and discussed each point as it relates to alternative to incarceration.

Ms. Fox also provided statistical data about the WATCH Program, which is a therapeutic correctional program; and the level of support an individual needs when getting out of this type of program:

- 83% attend mandatory after-care;
- 85% attend Alcoholics Anonymous;
- 96% report to a probation or parole officer;
- 74% were employed;

- 3 offenders had absconded; and
- 3 offenders were in the process of revocation for drinking.

Ms. Fox pointed out there have been efforts in the past to address this issue but no one could agree on the proper avenue for study until now.

Committees' Charge: Develop Proposals for a Coordinated Cooperative Effort by Federal, State and Local Levels of Government and the Private Sector

Ms. Fox discussed Item 6, Exhibit #15, specifically the Task Force desired outcomes and recommendations of page 4 of Exhibit #15. Ms. Fox said there needs to be a balance between the prevention, treatment, and judicial systems in order to achieve a holistic approach and policy.

Ms. Fox also discussed Item 7, Exhibit #15, with recommendations for bridging prevention, treatment, and justice programs.

PUBLIC COMMENT

Bonnie Adee, Mental Health Ombudsman, commented on the need for further integration with the mental illness system as it relates to co-occurring illnesses. She made the following points:

- Any discussion of prevention, treatment, or aftercare for chemical dependency must take into account the mental illness system and she would like to see more emphasis placed on that.
- It must be the expectation, not the exception, that someone with a chemical dependency problem will also experience a mental illness or disorder.
- Conversely, someone with a mental illness is very likely to have a problem with chemical dependency.
- She introduced the concept of "behavioral health" to the Committee which is the concept of combining treatment for the two disorders into one approach.
- Ms. Adee said she did not dispute that mental illness is a brain disorder but said it can also be caused factors other than genetics. Prevention can impact these other factors more than it can the genetically-caused mental illness.
- Routine evaluation and screening for mental illness and chemical dependency must become the norm for practitioners.
- The ICC plan focusing on drug use and SB 94, a multi-agency plan for focusing on Seriously Emotionally Disturbed youth passed in the 2003 Legislature, should be integrated to work together.
- She is hopeful the Medicaid redesign plan will include prevention.

Facilitated Committee Work Session, Sandy Mack, Facilitator

Ms. Mack said she would guide the Committee through a four-step process to build a framework for their SJR 11 study effort:

- identify issues;
- identifying options or resolutions and solutions;

- proposals for solutions; and
- implementation of solutions.

A thorough and lengthy discussion of the issues ensued between Committee members, panelists, Ms. Fox, and Ms. Mack using the steps set forth by Ms. Mack. The Committee identified the issues it wished to prioritize for study and possible options for solutions. Ms. Mack summarized the discussion and decisions:

"COMMITTEE SUCCESS & GROUND RULES"

The Committee was asked to think about what success would look like for them as a committee. Committee members wrote down how they would finish the following sentence and then they shared their thoughts with each other.

To be successful as a committee I feel it is important that we...

- Develop a strong treatment program for meth users.
- Keep our minds open to new ways of doing things and don't just keep trying things that don't work.
- Move away from the "silo" approach and move toward a more unified approach.
- Stop state funding that supports substance abuse.
- Strengthen families' ability to keep kids away from bad habits.
- Identify core issues and rethink or reframe our approaches including our structural system. We can't be superficial.
- Coordinate State Agencies and use their resources in a coordinated fashion to avoid multiple, parallel processes.
- Form a central area for coordination of programs (No dictation of how to do things but a coordinating body).

The Committee was then asked if there are any "ground rules" for how they will work together to help them realize success as a committee (related to Senate Joint Resolution 11). It was noted that the Committee would have exponential strength and power to positively influence drug and alcohol related issues in Montana if they developed proposals that have unified support of all Committee members (as opposed to simple majority support). It was stated that legislative committees often work toward consensus. This Committee agreed to function in a consensus model.

Voting will be used only if, after working to meet all interests, consensus is not reached. The Committee uses Mason's Manual of Legislative Procedure to guide their conduct and will continue to do so.

UNDERSTANDING THE STRENGTHS AND WEAKNESSES IN MONTANA'S CONTINUUM OF SERVICES

The Committee heard from three panels of specialists and Susan Byorth Fox. The specialists explained the issues and challenges related to SJR 11 and highlighted strengths and opportunities to improve the situation in Montana.

HOW DO WE EAT THE ELEPHANT

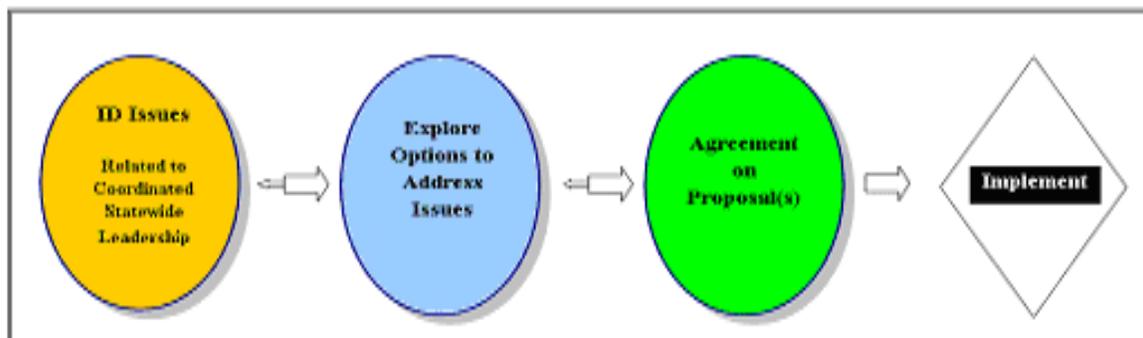
Prior to this meeting Susan Fox organized the issues and prior Task Force recommendations into 7 Policy Areas. (Youth Access and Consumption, Prevention Leadership and Investment, Responsive Treatment System, Combating Driving Under the Influence, Targeting Methamphetamines, Coordinated Statewide Leadership, Bridging Prevention, Treatment, and Justice.)

The Committee was asked to respond to the following statement:

If we could accomplish nothing else – a strong, unified proposal in this policy area would bring the most benefit to Montana's children, families, and communities.

After a prioritization exercise and discussion the Committee decided to focus their combined energy, intellect and time on the policy area of “**Coordinated Statewide Leadership**” first. By addressing this overarching structural area first they felt they would positively influence the other policy areas as well, in particular Prevention Leadership and Investment and Targeting Methamphetamines. Other specific areas may be addressed, time permitting.

The Committee has 3 meetings remaining to form proposal drafts (Jan., March, May). A 4th meeting in August is scheduled to finalize the drafts. The group will use the following iterative process framework to successfully address SJR 11.



The process is not linear but iterative. Steps include: identify and understand the issues related to creating Coordinated Statewide Leadership; create a variety of options or solutions to address those issues; select effective and acceptable options as proposals to bring forward to the 2005

Legislative session; and finally, implementation – support, as appropriate, proposal passage in 2005.

Other policy areas or issues may be addressed in a similar manner if time permits.

INITIAL ISSUE IDENTIFICATION & SOLUTION OPTIONS

The Committee identified the following issues related to establishing coordinated statewide leadership.

- Committee needs to better understand the Interagency Coordinating Council (ICC);
- ICC name is confusing;
- Infrastructure is currently not funded;
- Unified budget is not effective;
- New structure needs legitimacy;
- In integrating prevention, treatment, justice, how much should the ICC take on;
- Need a strong data base;
- Coordination needs budget authority;
- There needs to be a commitment (invested effort) to make it happen throughout the system including departments and taxpayers;
- Departments need to be willing to share budgets. We need to remove statutory impediments to doing this;
- Need to coordinate efforts with federal entities (avoid duplication);
- Need outcome based implementation. Need to use scientific data and track results;
- Need to define how much money is being spent now on all drug related behavioral health issues and then determine how it can be best reallocated;
- Function precedes structure – the functions are not currently defined (what do we want the leadership “body” to do).
- Having good role models;
- We need good data from the communities. Ex. what are the abuse rates.
- We need to build infrastructure (and capacity) at both community and statewide levels;
- Need sufficient staff;
- Need to coordinate across functions so we don’t duplicate.

While brainstorming issues the following initial solution options and ideas emerged.

- Create a “body” with a leader that has authority (yet defined) for budgeting and integration
- Have all funds filter through one “body”. Ex. all grants through one entity
- The authority given the leadership “body” could be anywhere on the spectrum from Control to Coordinate
- A phased approach or a pilot regional approach could be used to test a new structure
- The ‘body’s” function is to look at what would provide a safe, nurturing environment for children where they can sing, dance, learn and grow. Where they learn and use good coping mechanisms
- The function of the “body” is – we want children to become healthy adults.
- Look at programs that are working well on the reservations as models.
- We have a structure in place for prevention; can we build on it and make it better?”

JANUARY 2004 MEETING

At the January meeting the Committee would like a panel of practitioners from the areas of Prevention, Treatment and Justice to explore options for Coordinated Statewide Leadership.

Ms. Fox asked the Committee to give her suggestions on what they wanted in place for the January 2004 meeting.

Rep. Roberts asked for a comprehensive list of all of the agencies and groups involved.

Rep. Clark wanted information on how to beef up the ICC and build up existing entities.

Sen. Esp suggested having a panel discussion of agency barriers and how the barriers can be broken down to develop a common approach. Rep. Franklin cautioned that the discussion must provide a safe environment for the panelists, in order to avoid putting anyone in a difficult position.

Ms. Jandt recommended asking people in the day-to-day operations of the programs since they have so much hands-on experience with these programs.

Ms. Fox recommended a two-day meeting for January because the Committee has so much to consider.

Rep. Roberts thanked everyone for their hard work and the Committee recessed at 4:55 p.m.

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