



Children, Families, Health, and Human Services Interim Committee

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58th Montana Legislature

SENATE MEMBERS

JOHN ESP
JERRY O'NEIL
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

August 22, 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. GERALD PEASE
SEN. TRUDI SCHMIDT

REP. EDITH CLARK
REP. CAROL GIBSON

STAFF PRESENT

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

Agenda & Visitors

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

COMMITTEE ACTION

The Committee elected Rep. Roberts to be Chair on a 6 - 2 paper ballot vote.
The Committee elected Rep. Franklin to be Vice Chair on a 6 - 2 paper ballot vote.
The Committee approved the proposed Work Plan by a unanimous voice vote.

CALL TO ORDER, ROLL CALL, AND ELECTION OF OFFICERS

The meeting was called to order by Sen. Pease at 8:10 a.m. Roll call was taken (Attachment #3), all Committee members were present. Sen. Pease welcomed the members, staff, and visitors; introductions were made. Sen. Pease opened the floor to nomination of officers.

Sen. Esp nominated Sen. O'Neil for Chair. Sen. Schmidt nominated Rep. Roberts. Rep. Roberts was elected Chair on a 6 -2 paper ballot vote (Exhibit #1).

Rep. Clark nominated Rep. Franklin for Vice Chair. Sen. O'Neil nominated Sen. Pease. Rep. Franklin was elected Vice Chair on a 6 - 2 paper ballot vote (Exhibit #2).

Susan Fox, Research Analyst, Legislative Services Division (LSD), gave a brief outline of the planned topics for the meeting and referred members to the agenda (Attachment #1).

Gail Gray, Director, Department of Public Health and Human Services (DPHHS), started her presentation with an organizational chart of the DPHHS (Exhibit #3). The chart detailed how DPHHS is organized by bureau and by program.

Director Gray discussed budget issues with the Committee:

- The DPHHS finished FY 2003 under budget and has worked to decrease administrative costs.
- The first portion of the \$23 million FMAP Medicaid payment arrived and allowed the Child Support Enforcement debt to be paid in full and to maintain the Temporary Assistance Needy Families (TANF) full level of effort.
- The 6.5% Vacancy Savings Program has caused considerable difficulty for the DPHHS.
- A 3% vacancy savings is a more realistic goal and the DPHHS is working to achieve this amount.
- Having to leave positions open is of concern, especially in the protective services positions.

Hank Hudson, Administrator, Human and Community Services Division, DPHHS, gave the Committee a handout (Exhibit #4) containing graphs and charts containing:

- the history of spending in the TANF Block Grant month-by-month for the years 2000 - 2004;
- TANF benefit projections for fiscal years 2004 and 2005;
- actual TANF expenditures through July 2003; and
- data depicting historical TANF caseload for November of 2000 through July 2003.

Mr. Hudson added that 746 of 1,000 children on the child care waiting list have been taken off due to additional funding. These children qualified for TANF funding because their family income falls between 125% and 150% of poverty level. The remaining children on the list won't be served by TANF because the family income is above the 125-150% of poverty level

requirement. He also said TANF only pays child care for people who are working 20 or more hours a week or for teen parents who are working and/or attending school.

Rep. Franklin asked what income level equals 125% of poverty level. Mr. Hudson answered that for a family of four, the income level would be approximately \$22,000 and 150% of poverty level for a family of four is \$27,150.

Mr. Hudson also gave the Committee the preliminary results of the 2002 Montana Homelessness Survey (Exhibit #5) prepared by the Montana Continuum of Care Coalition, the Montana DPHHS, and the Montana Human Resource Development Council.

Director Gray and **Dan Anderson, Addictive and Mental Disorders Division, DPHHS,** provided the Committee with an update of the Adult Mental Health Program (Exhibit #6). The update included information concerning:

- prescription drugs for non-Medicaid indigent population,
- the behavioral health inpatient facility,
- the transfer of Montana Mental Health Nursing Care Center residents to Community Services,
- Montana State Hospital Patient and Staff Safety Training Plan,
- co-occurring services,
- the continuation of service area authority planning,
- a policy academy on chronic homelessness, and
- possible loss of \$1 million federal mental health block grant.

Sen. Schmidt asked if it was possible to save the \$1 million block grant. Mr. Anderson said it was too early to know but DPHHS was hopeful the federal requirements would be changed to allow continuation since most of the other states were in the same situation..

Sen. O'Neil asked Mr. Anderson what percent of the homeless fall into the categories of mentally ill or chemically dependent. Mr. Anderson said he did not have an exact percent but that a large number of the chronically homeless are both mentally ill and/or chemically dependent.

Rep. Franklin asked if there was data available on what the average payment is now with the \$2 dollar prescription drug co-pay increase. Mr. Anderson said there was a \$10 and a \$15 co-pay level. He also said the level of co-pay received was determined by whether the drugs are generic or name brand, preferred/non-preferred, etc; and that last year's average co-pay was about \$11.

Rep. Franklin asked what kind of regulatory mechanism is in place for the new behavioral health inpatient facilities. Mr. Anderson said these facilities are required to be licensed as hospitals and said staff-to-patient ratios have not been set yet.

Rep. Roberts asked Mr. Anderson to elaborate on the new safety plan implemented at Montana State Hospital, specifically as it relates to the practice of reducing the use of restraint and seclusion. Mr. Anderson said he believed the program focuses on de-escalating emotional situations.

Rep. Roberts asked Director Gray how the changes in Medicare have affected the availability of therapeutic prescription drugs for non-Medicaid indigents. Director Gray said she did not know and would find out. Rep. Roberts asked if the Contingency Fund would cover those types of treatments. Director Gray said the Contingency Fund covers only mental health treatments.

Rep. Franklin asked Mr. Anderson to give a status report of the Montana State Hospital. Mr. Anderson said there are currently about 180 patients being treated. Mr. Anderson also said there were several occasions this past summer when the hospital operated at or above capacity.

Sen. Schmidt asked if there was a plan to develop other co-occurring facilities around the state after the Great Falls pilot project is refined and developed. Mr. Anderson said there was not funding currently available to expand beyond the Great Falls pilot program but he hoped to get a state-wide planning grant that would provide for program expansion. Mr. Anderson said he thought funding should come through existing chemical dependency and mental health programs. Sen. Schmidt asked for more information on the two group homes being built. Mr. Anderson said there were plans for group homes in four communities and the Great Falls location would be the first to accept residents.

Sen. Esp asked Mr. Anderson to tell him how many patients at Warm Springs were forensic versus civil commitment patients. Mr. Anderson estimated the forensic population was 50 or more and that the facility was built to house 35 patients. Sen. Esp asked if the forensic patients were being treated as part of the Adult Mental Health Program under the DPHHS budget. Mr. Anderson said forensic patient care is part of the DPHHS budget. Counties are billed for some services, such as evaluations.

Director Gray commented that many of the inmates released from prisons or other correctional facilities have nothing but a few dollars in cash. These people frequently become the chronically homeless. Director Gray said Montana also has many homeless families that are of great concern to DPHHS.

Director Gray distributed a handout containing Medicaid and TANF data from January 2002 through July 2003 (Exhibit #7). Data was discussed for the categories of:

- All Medicaid Eligibles 2003-2004/Children & Adults,
- TANF Eligibles,
- Pregnant Women & Infants,
- Medicaid Disabled Eligibles,
- Aged & Disabled Eligibles Residing in an Institution, and
- Medicaid Eligibles Aged 65 & Up.

Director Gray reported that the Tobacco Use Prevention Advisory Council has been appointed and has held its first meeting. DPHHS will release 25% of the available \$80,000 to the tribes to pay for start-up costs of the Council.

Director Gray gave an update on the closure of the Eastmont Human Services Center located in Glendive. She reported:

- It has been a difficult process but has gone well.
- The first group of residents have been moved, the next group will be moved within the week.

- Severance pay contracts have been negotiated and will be completed soon.
- The staff has been very professional in this difficult transition.
- Two group homes are being built in Glendive but won't be completed until October or November.
- Eastmont will be closed by the end of December 2003.

Director Gray also reported on HJR 13, which mandated a redesign of publically funded health care. She said:

- All entities involved acknowledge a redesign is needed and overdue.
- The Governor has appointed an 18-member council.
- The council's role is to recommend underlying principals for the administration of publically funded health programs, to advise the Department of the redesign, to provide a public forum for discussion, and to represent the interest of and serve as liaison with stakeholders.
- The first meeting of the council will be in late September and this Committee will be kept abreast of the decisions made at the meeting.
- Peter Blouke and Mike Hanshew were assigned to this project and Director Gray expressed confidence in their knowledge and expertise.

Director Gray gave the Committee a draft copy of U.S. Senate Bill No. 1 and U.S. House of Representatives Bill No. 1 detailing the federally proposed changes to the Medicare Prescription Drug Program (Exhibit #8). She said the two bills are very different, very complicated, and she could not predict the outcome.

Director Gray informed the Committee that DPHHS created an educational and informational brochure on West Nile Virus. She will provide copies if the Committee would like to review the brochure.

Director Gray reported that Montana was one of ten states selected to attend the National Governor's Association Policy Academy in Chicago, Illinois. The Academy included providers, constituents, legislators, departments, and nonprofit organizations. Sen. Esp and Rep. Clark attended the chronic diseases forum. Director Gray reported the Montana delegation chose to focus on obesity because they thought it to be a central topic that applied to all age groups. Director Gray will keep the Committee informed.

Director Gray reported fires have caused health problems for many Montanan citizens, these people need specialized assistance and resources, and that DPHHS mans a call center to help public deal with problems associated with fires.

Jean Branscum, Health Policy Advisor for Governor Martz, said the Governor's Health Care Summit will be held in Billings and anticipates approximately 200 participants will be in attendance. The facility offers televideo capabilities allowing conference attendees, Montana citizens, and communities to participate. Ms. Branscum said the goal of the Summit is to promote an informed debate on health care issues in Montana on such matters as legislation and state policy, and to focus and improve our health care system in Montana. Local, state, tribal, federal government, and business leaders have been invited to attend, as have health care and consumer groups. The agenda will be wide and broad in focus. The keynote speaker will be U.S. Surgeon General Richard Carmona, M.D. Former Speaker of the House Newt Gingrich, and the Montana congressional delegation will be presenting via satellite. Rep.

Roberts and Rep. Clark will serve on expert panels. Ms. Branscum said the Committee would be informed of the conference activities and conclusions, that Susan Fox had provided much appreciated assistance in the planning of the Summit, and that registration and information was available through the Governor's website.

Sen. Esp asked Director Gray to explain presumptive eligibility for SSI. Director Gray said that if permission is given for presumptive eligibility for SSI, then instead of waiting until someone is found eligible through the eligibility process which can be a lengthy process, immediate eligibility is granted for a limited period of time until eligibility requirements can be confirmed. During that period of time, full benefits are received (Medicaid and cash payments).

Sen. Esp asked Director Gray to confirm that Disabled Medicaid Eligibles (Exhibit #7) cost amounts to approximately \$9,000 per year per person. Ms. Gray said that was correct.

Rep. Franklin asked for a CHIP update. Director Gray said:

- the CHIP program is serving about 9,300 people,
- people are coming off the program for a variety of reasons,
- new applications are continually being accepted, and
- the waiting list is growing.

LEGISLATIVE BUDGET BRIEFING

Pat Gervais, Legislative Fiscal Division (LFD), presented a detailed TANF update. She reported the annual budget for cash assistance benefits for each year of the 2005 bienneum is \$31.8 million. If the DPHHS realizes costs at the levels projected, there will be a TANF surplus of about \$5.6 million. The legislature, through HB 2, provided language regarding what would occur in the event of a surplus. If caseloads decrease beyond the funding levels, resulting in a surplus of TANF funds, the following priorities may be funded:

- ◆ priority #1 - additional childcare,
- ◆ priority #2 - establishing a "rainy day" fund of up to \$4 million,
- ◆ priority #3 - training and education programs, or
- ◆ priority #4 - supportive services needed for employment of TANF recipients.

Ms. Gervais also discussed the issue of TANF maintenance of effort. This was raised during the budgeting process. The executive included within its budget a request for additional general fund money to fully expend the TANF maintenance of effort within the state fiscal year 2004. TANF maintenance of effort for federal requirements is measured based upon a federal fiscal year basis. Ms. Gervais said it was possible that a one time decrease in the expenditure in the maintenance of effort could occur within a state fiscal year but the State could still be in compliance within a federal fiscal year. That would then place the State in a certain expenditure pattern that would have to be followed in subsequent federal fiscal year basis. It was feasible that the Department could not have expended that additional million dollars for TANF maintenance of effort and still met the requirement under federal fiscal year basis. Ms. Gervais directed the Committee to page B29 of the Fiscal Report for more detail. She said although the legislature chose not to fund the million dollars, the DPHHS chose, with the excess general fund available at the end of the fiscal year, to expend an additional million or so to fund TANF maintenance of effort so the maintenance of effort was fully expended within a state fiscal year basis.

Lois Steinbeck, Legislative Fiscal Division (LFD), presented an overview of the status of Medicaid in Montana. She reported:

- a 1% change in the federal Medicaid match rate costs about \$4 to 5 million general fund dollars annually,
- the current match rate is about 75% under the enhanced federal match rate and that this is highest it has ever been,
- this match rate will end on June 30, 2004, and
- the fiscal report is available on the state website.

Ms. Steinbeck said the HJR 13 Study of Public Health Redesign is of great interest because it could have very broad budget and policy ramifications, not just for publically funded health care, but for privately funded health care as well. Ms. Steinbeck said several ideas and concerns discussed by the redesign council were:

- How to make Medicaid costs more stable and predictable: Ms. Steinbeck gave an example of a CHIP-like model where private health insurance carriers provide coverage with certain basic benefits for certain types of Medicaid eligible people. She said this would work well for people who were healthy but would be difficult to find in the private market for people who are so disabled they cannot work, for people who are in nursing homes, or for people with chronic health conditions.
- Examination of the Oregon Medicaid redesign: Oregon utilized a series of roundtable discussions with citizens to determine the community values those citizens wanted to provide through Medicaid. Those decisions were used to structure the benefits to define in order of priority of what Medicaid would and would not fund. The Oregon redesign effort took two to four years to complete. Ms. Steinbeck pointed out that Montana has only about six months to determine its priorities in order for it to be included in the executive budget.
- The challenge of integrating the different Medicaid divisions and the work done by these divisions into the Medicaid redesign: Ms. Steinbeck gave the example of the now defunct Managing Resources Program for Children and said just as it was starting to show some promising results, the state Mental Health Managed Care program was imposed upon it. As a result, MRM was eliminated due to the changes in the infrastructure and the funding mechanism.
- Attempting to determine what the executive will support: Ms. Steinbeck said with Governor Martz' decision to not run again, it will be very difficult to gauge support for the initiative with the factor of an unknown incoming governor.

Ms. Steinbeck commented that Director Gray did not address developmental disabilities. She said developmental disabilities has a publicly funded system that is 100% general fund and she expected it would be integrated into the redesign as well.

Ms. Steinbeck referred the Committee to Exhibit #6 (Adult Mental Health Program Update) and handed out a table (Addictive & Mental Disorders - page B-156, Exhibit #9) with data relating to the items listed in Exhibit #6. Ms. Steinbeck said this was a significant policy and money debate in the legislature. The Governor's budget reduced the funding for adult non-Medicaid mental health programs by approximately \$9 million. The legislature restored a great deal of the funding by adjusting the general fund and the state special revenue fund. A proposed Medicaid access payment was denied by the federal government. The Department, instead of funding the Medicaid access payment leveraged \$3 million of federal funds, because of the matching

rate, and they used it to increase payments to providers for certain services, such as group homes and Progressive Assertive Community Treatment (PACT) programs (in Helena and Billings for seriously mentally ill). Ms. Steinbeck said these providers were also the providers for the bulk of mental health services plan which has historically operated on a fee-for-service plan but will now operate as a block grant serving the same number of clients. Providers will be required to serve the same number of people on a block grant basis.

Ms. Steinbeck said one of her duties as fiscal analyst was to inform the Committee of the pros and cons of the many fiscal issues facing the DPHHS. A concern that must be considered in the Medicaid redesign is the policy implications for the local communities, particularly rural communities. In some communities, the biggest employers are the medical providers such as county nursing homes and hospitals. Ms. Steinbeck said that any changes made to Medicaid will economically impact these communities. She also mentioned that this past legislative session was the first session that gathered figures on the economic development impact of Medicaid on communities.

Ms. Steinbeck said the DPHHS website has the CHIP waiting list on it and that the federal government has extended the deadline for spending the CHIP grant. If the funds are not spent within the allotted time given, the unused funds will revert to the federal government. Ms. Steinbeck estimated there would be approximately \$22 million in unused funds by end of 2005.

Ms. Steinbeck distributed a report prepared by Taryn Purdy, Principal Fiscal Analyst, LFD, and herself providing highlights from the Federal Jobs and Growth Relief Reconciliation Act (Exhibit #10). This was prepared for the Legislative Finance Committee for their June 2003 meeting. Under this Act, Montana will receive an estimated \$73 million dollars from two sources:

- \$50 million in grants from the federal government over two federal fiscal year
- \$23 million of funding comes from the enhanced federal Medicaid match rate.
- Montana has not made any decisions on allocation of these funds.

Ms. Steinbeck stated the federal act was very broad and provided few guidelines for its use, except that it could not be used to create an ending balance or be put into savings.

Sen. Esp asked if the fire budget numbers would be completed soon. Ms. Steinbeck replied the legislature did not budget anything for fire costs, that the DNRC covers fire costs and then requests supplemental funding when the costs are finalized. Ms. Steinbeck said the location of the fires and who fights them are determining factors for how the costs are divided between the state and federal governments, and sometimes the private landowners. She reported that to date, the fire costs in 2003 have totaled \$50 million and that it would be some time before these costs were sorted out.

Rep. Franklin asked if there were financial allocations for children's mental health services. Ms. Steinbeck said she would provide that information to the Committee.

Sen. Esp said the number of children waiting to get on the CHIP program was 1,007 as of today's date.

Several Committee members expressed concern about the Medicaid redesign process and asked Ms. Steinbeck if she thought Montana could accomplish a comprehensive and meaningful result in such a short amount time. Ms. Steinbeck answered that it would be difficult

to craft a comprehensive redesign plan in that amount of time and would recommend that the group identify fewer areas for redesign and do them well, rather than trying to address the entire issue. She added that it was important to determine what the executive would support and then provide the best council and advice within that parameter.

Rep. Roberts commented that from his position as a provider that works within the system, there needs to be more effort on a state level to define exactly what the government regulations allow for. He said the same degree of discomfiture Ms. Steinbeck referred to in not knowing how to use these funds is the same discomfiture that practitioners experience in navigating the system.

REVIEW OF COMMITTEE DUTIES AND WORK PLAN

Ms. Fox briefed the Committee on its duties and responsibilities, discussed topics of interest and emerging issues, and suggested a tentative work and study plan to guide the Committee through the interim's work (Exhibit #11).

Ms. Valencia Lane, LSD Staff Attorney, reviewed administrative rule review procedures the Committee is statutorily charged with (Exhibit #12). Ms. Lane provided an overview of the following:

- the Montana Administrative Procedures Act (MAPA), 2-4-101, MCA,
- the Administrative Rules of Montana, Title 37, Public Health and Human Services, and
- the Montana Administrative Register, and
- the Committee's powers relating to administrative rules.

Rep. Franklin recommended the Committee leave it up to the staff attorney to bring to the Committee's attention proposed rule changes that the Committee would find of interest or concern.

HJR 3 and Proposed Study Plan

Ms. Fox gave a brief history of HJR 3 (Study of Child Abuse and Neglect Proceedings Representation for Indigent Parents) and gave an overview of the proposed study outline (Exhibit #13). Ms. Fox distributed a brochure explaining the Court Appointed Special Advocate (CASA) program (Exhibit #14). Ms. Fox proposed that she be given time to develop a more comprehensive study plan and present it at the October meeting.

It was decided that public comment should be heard before lunch and discussion concerning the Committee Work Plan be continued after lunch.

PUBLIC COMMENT

Mike Cooney, Executive Director, Healthy Mothers, Healthy Babies Coalition (HMHB), informed the Committee that HMHB received a grant of \$50,000. Mr. Cooney said this funding would allow the Coalition to participate in the Covering Kids and Families Initiative, an outreach program that educates families on state programs available that may provide free or low cost

health insurance. Up until now, there has been very little outreach done because of the lack of funding. Mr. Cooney thanked the Committee for its work and urged continued monitoring of CHIP.

Ms. Fox clarified that in order for children to be eligible for CHIP, they cannot be eligible for Medicaid.

Kandi Matthew-Jenkins, Missoula, Montana, testified to the Committee on the issues of Child Protective Services and Adult Protective Services, her belief that the current system is not working in the best interest of Montana citizens and families, and her support of the HJR 3 Study (Exhibit #15).

John Jenkins, Missoula, Montana, testified to the Committee of his support for the HJR 3 Study and related a personal experience that convinced him of the need for this study (Exhibit #16).

Pastor David L. Cook, Stevensville, Montana, testified to the Committee of his support for the HJR 3 study and related a personal experience that convinced him of the need for this study (Exhibit #17).

Steve Crawford testified to the Committee of his dissatisfaction with and concern about the policies and procedures concerning Child Protective Services in the DPHHS (Exhibit #18).

Shirley Brown, Division Administrator for Child and Family Services (CFS), DPHHS, said the purpose and the mandate of CFS is to protect children. She expressed strong support of HJR 3 and stated that there is a need for this study. Ms. Brown listed the following facts to support her belief:

- there are 22 Judicial Districts in Montana,
- of those, seven Judicial Districts appoint parental representation at the initiation of a child abuse and neglect proceeding,
- another seven Judicial Districts appoint representation at the time of termination of parental rights, as required by statute,
- there is an exception to this statute under the Indian Child Welfare Act, which allows for parental representation to be appointed at the onset of proceedings,
- the remaining Judicial Districts have no formal policy dictating when parental representation must be appointed.
- one Judicial District is a multi-county jurisdiction so it depends on which county a parent lives in as to when parental representation is appointed.

COMMITTEE WORK PLANS

Ms. Fox introduced Miko Owa as a Carroll College Research Intern who will be assisting Ms. Fox in the SJR 11 study effort.

SJR 11 and Proposed Study Plan

Ms. Fox gave a brief history of SJR 11 (Study of the Problems of Alcohol and Drug Abuse and of Prevention, Early Intervention, and Treatment), a review of other Legislative bills related to the Task Force recommendations, and an overview of the proposed Study plan (Exhibit #19). This proposal requires review of the Governor's and Attorney General's Alcohol, Tobacco, and Other Drug Control Policy Task Force (Exhibit #20) and the proposals enacted by the 58th Legislature. It also requests that efforts continue to:

- identify issues and to develop coordination between all governmental levels and private sectors involved to implement prevention and early intervention efforts,
- to explore alternatives to incarceration, and
- to provide appropriate treatment.

Vicki Turner, Prevention Resource Council, Interagency Coordinating Council (ICC), distributed a brochure outlining the Prevention Resource Center and its functions (Exhibit #21). Ms. Turner said ICC does not receive any General Fund support and all funding is from block grants, Americorps grants, or through Vista community cost share programs. ICC is staffed by herself, a project officer, and a VISTA volunteers. The ICC Workgroup members are members of state agencies attached statutorily to ICC and serve voluntarily.

Ms. Turner gave the Committee a list of Legislative and ICC successes and a list of suggestions of how to improve prevention efforts in Montana (Exhibit # 22- yellow sheet).

Jackie Jandt, Project Officer, ICC, provided details of the nine tasks being addressed by the ICC Workgroup (Exhibit #23 - green sheet) as they relate to the Governor's and Attorney General's Task Force on Alcohol, Tobacco, and Other Drug Control Policy Task Force (Exhibit #19).

Ms. Jandt listed the six prevention goals of the ICC . The implementation of these goals would strengthen prevention efforts and programs in Montana (Exhibit #22, page 2).

Sen. Esp asked Ms. Jandt to explain the RADAR Network in more detail. Ms. Jandt said the RADAR Network is operated through the Center for Substance Abuse Prevention. The Network gathers and distributes materials such as books, brochures, and current research, for use at conferences and meetings. There are eleven network offices in the state that operate through the Prevention Specialists that are supported by the Center for Substance Abuse Prevention block grant funding through the Addictive and Mental Disorders Division. She said ICC would like to expand it to a state wide level because most people don't know about it unless they have interaction with these Prevention Specialists.

Sen. Esp said he sees silos between agencies and duplication of efforts dealing with the same problems and said he thought the formation of the ICC was intended to eliminate this problem. Sen. Esp also said work group members are starting to realize that work in one area usually has an impact in another area. He said it is difficult for legislators to gain a full understanding of the issues when departments do not communicate on overlapping issues and suggested more effort be put into building interdepartmental communication.

Rep. Roberts asked Ms. Jandt how she was able to function on the reservations since they are a unique political entity. Ms. Jandt said it depended on the reservation and that some are more receptive and open to services than others. She said she tries to help them however possible within the limits of the job.

Roland Mena, Addictive and Mental Disorders Division (AMDD), Bureau Chief of Chemical Dependency Bureau, DPHHS provided the Committee with an overview of his service on and structure of the Governor's and Attorney General's Alcohol, Tobacco, and Other Drug Control Policy Task Force. Mr. Mena said in his opinion, there was a balance between the law enforcement agencies' approach but said there was not a balance between the other agencies involved (corrections, justice system, prevention system and treatment system). Mr. Mena stressed it was important to view these issues in a global sense and recommended placing the focus on common goals in order to work on shared projects and to collaborate on securing and sharing funding.

Mr. Mena said Montana has three funding sources:

- Substance Abuse Prevention Treatment Block Grant - \$6.5 million,
- Alcohol Earmark Tax - \$4 million,
- Medicaid Matching Funds

Mr. Mena said there are key concepts that must be kept in mind when dealing with federal funding sources:

- There is a real interest in looking at a state's infrastructure to provide and respond to services based on needs assessments. Montana does needs assessments and based on the number of people served and other relevant data, it is estimated that only 9% of people in need of treatment were receiving it.
- Looking at how treatment systems are strengthened: the emerging trend is methamphetamine use and abuse (Meth Treatment Initiative - Exhibit # 24). There are currently three facilities in Montana for treating addicted mothers and their children.
- Reducing stigma and changing attitudes towards treatment of people that have substance abuse and start to look at this as a public health issue.
- Utilizing current research and science-based information and transferring it into practice
- Workforce development - how to recruit and retain qualified people to be able to provide the services.

Mr. Mena directed the Committee's attention to the folder of information (Exhibit #25) and asked members to review the Substance Abuse and Mental Health Services Administration (SAMHSA) brochure. He said it also contained a variety of information relating to chemical dependency issues on a state and national level.

Rep. Gibson asked if there was more than one mother and child treatment home in Billings. Mr. Mena said there was one in Billings, one in Great Falls, and one in Missoula. Rep. Gibson said she had participated in a study that indicated that children who are separated from their mothers during incarceration have an extremely high percentage rate of imprisonment themselves later in life. Rep. Gibson said she would like to have data from these treatment homes to see if these percentages decrease under this treatment approach. Mr. Mena said he had specific data on this issue and the Billings home has a contract with a neuropsychologist to evaluate the children and mothers to develop a treatment plan.

Sen. Esp asked if there was data relating to addicted men with dependent children. Mr. Mena said he did have some data available but that had not been explored as thoroughly as it could be. Mr. Mena said he could provide that information.

Sen. Esp said there is a great deal of information available but the resource groups don't always know that the other groups exist and what they are each doing, which results in duplication of efforts. He suggested that it may be part of the Committee's task to suggest, refer, or perhaps require these groups to be in contact with each other in order to save manpower and duplication of services, and to allow funding to be used more effectively and efficiently.

Ms. Fox referred the Committee to Part II - Study Issues and Options, Attachment A, and Attachment B of Exhibit #18. Ms. Fox discussed each study issue and option in depth, including how existing legislation, workgroups, task forces, agencies, and resources can be integrated in to the Committee's study of SJR 11.

Ms. Fox suggested the Committee dedicate one full day of the October meeting to this topic to:

- identify resources for recovery,
- investigate existing funding sources and other possible funding sources, and
- use a facilitator to work to identify three to four specific goals to pursue individually instead of trying to address the entire issue.

Rep. Roberts asked Ms. Fox to prepare a history of the DARE program and its success. Ms. Fox said she would gather that information for the Committee.

Ms. Fox urged the Committee to leave coverage broad so it would encompass most drugs and cautioned that targeting a specific drug could lessen the effectiveness of legislation.

Sen. Schmidt asked if other states had centralized DUI tracking programs (study issue 6.7 J) in place. Ms. Fox said she did not know but said she would find out.

Sen. Esp asked Ms. Fox if she had talked with DOC before this meeting. Ms. Fox said she had not but would do so soon.

Sen. Schmidt commented that the Great Falls workgroup was very appreciative of the work and assistance that Ms. Fox had given them.

ADDITIONAL PUBLIC COMMENT

Dawn Humphrey, Ravalli County, testified to the Committee concerning the policies of and actions taken by Ravalli County Child Protective Services that resulted in the loss of custody of her children (Exhibit #26).

Melissa Worthan, Stevensville, testified to the Committee concerning the policies and actions taken by Child Protective Services that resulted in the loss of custody of her children (Exhibit #27).

FINALIZATION OF STUDY PLANS

Ms. Fox listed emerging issue topics that have been brought to her attention for possible consideration by the Committee:

- The monitoring of the HJR 13 (Medicaid Reform) study by DPHHS of health redesign programs within the Department. Ms. Fox said since this Committee has oversight of the DPHHS, the Committee could include monitoring of the HJR 13 study under Related Topics and Emerging Issues on page 2 of the Children and Families Interim Committee Decision Matrix (Exhibit # 28).
- The University of Montana has prepared information for the State Planning Grant providing information on the uninsured population of Montana (Exhibit #29). Ms. Fox suggested that this topic be addressed at the January 2004 Committee meeting.
- Continued monitoring of the CHIP program.
- The monitoring of health care licensure for massage therapists and social workers.
- Investigation of the RX Depot prescription drug issue.
- Research on teenage drinking habits based on examining highway litter.
- Studying Correctional facilities health issues.
- Studying the Montana Children's Initiative which is related to AMDD children's health care.

Ms. Fox directed the Committee's attention to the Decision Matrix (Exhibit #28) and pointed out that the Committee may choose Option A, B, or C for each topic.

Sen. Esp asked to have the legal staff present a brief rule review at each Committee meeting.

Rep. Roberts asked to have regular reports from Gail Gray and the DPHHS divisions to enable the Committee to maintain a clear understanding of the spending and programs of the DPHHS. Ms. Fox said that would be possible and that Ms. Steinbeck and Ms. Gervais would be able to assist in this area.

Ms. Fox said the Committee was statutorily required to offer time for public testimony at each meeting. Sen. Schmidt suggested having a time allotment in the morning and afternoon to better accommodate the schedules of those wishing to testify before the Committee.

Ms. Fox said the Committee must decide on the time and resources they wish to devote to the Interim Studies assigned, determining which emerging issues they wish to address, and agency monitoring that needs to be done.

Sen. Schmidt asked Ms. Fox if she thought HJR 3 would require a large amount of time and resources. Ms. Fox said she thought it could be narrowly defined and would not have to take a lot of time.

Ms. Fox offered the following time allotments for consideration by the Committee:

- 40% for rule review, emerging issues, and agency monitoring,
- 40% for SJR 11, and
- 20% for HJR 3.

Sen. O'Neil questioned if 20% of Committee time allocated for HJR 3 would be sufficient to properly address this issue.

Rep. Franklin asked for information regarding family advocate bills passed in approximately 1993. Ms. Fox said she would research this and provide the information to Committee members.

Sen. Esp suggested Ms. Fox contact Ms. Bonnie Adee for additional information on how the mental health ombudsmen program works and determine if it would coordinate with the work the Committee must do with HJR 3.

Sen. Schmidt said Ms. Adee reported to the Committee at all of the meetings during the last interim. Ms. Fox said she would contact Ms. Adee and ask her to report to the Committee on a regular basis.

Rep. Franklin said she would like to examine children's mental health issues because of the structural changes made in the system and also suggested adding medical assistants to the health care licensure issue.

Sen. Schmidt asked for clarification on the medical assistants licensure. Rep. Roberts said a medical assistant would be responsible only to the practitioner that hired him/her and would not be an employee of the hospital. The medical assistant would be licensed to accompany the practitioner and assist him in treating patients.

ADDITIONAL PUBLIC COMMENT

Kelly Worthan, Stevensville, testified to the Committee about the policies and procedures of the Child Protective Services (CPS) in Ravalli County. Mr. Worthan's testimony mirrored the testimony presented earlier to the Committee by Melissa Worthan, his wife (Exhibit #27). Worthan said CPS destroyed his family and felt he and his family had not received due process and fair treatment. Mr. Worthan stated he and his wife had been repeatedly threatened by CPS even though they have cooperated fully with the CPS. Mr. Worthan said there was no physical evidence to prove the claims made by CPS and that in defending himself from the charges, he and wife have lost their home, their jobs, and depleted all resources.

Sen. Esp asked Mr. Worthan how early in this process he had representation by an attorney. Mr. Worthan said it took them three weeks to get the funds to afford an attorney. He said those funds covered just the initial court appearance and that additional funds would have to be found for further representation. Mr. Worthan said their current attorney is working for them on a pro bono basis.

COMMITTEE WORK PLAN

Ms. Fox passed out a tentative Work Plan (Exhibit #30) and asked the Committee to note that the October 2003 meeting date has been changed from October 16 and 17 to October 30 and 31.

Sen. Pease asked to change the October 30, 2003, meeting date to a full day and have the October 31, 2003, date changed to a half day meeting to accommodate traveling time for the Committee members. The Committee agreed to the changes.

Ms. Fox outlined the tentative Work Plan with the Committee. Rep. Roberts **moved** to adopt the Work Plan. The motion passed on a unanimous voice vote.

Ms. Fox said Committee members should feel free to contact her with ideas or suggestions.

Sen. Schmidt asked Ms. Fox to confirm that the Great Falls Work Group would be attending the October 2003 meeting. Ms. Fox said she would be sure to include them on the agenda.

ADJOURNMENT

With no further business, the meeting adjourned at 4:40 p.m.

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