

**2003-2004 INTERIM  
CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES  
INTERIM COMMITTEE**

**Interim Planning Discussion Draft**

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**I. INTERIM COMMITTEE DUTIES AND RESPONSIBILITIES**

**5-5-225. Children, families, health, and human services interim committee.** The children, families, health, and human services interim committee has administrative rule review, draft legislation review, program evaluation, and monitoring functions for the department of public health and human services and the entities attached to the department for administrative purposes.

**5-5-215. Duties of interim committees.** (1) Each interim committee shall:

(a) review administrative rules within its jurisdiction; *This duty replaces the functions of the former Administrative Code Committee. Staff will provide a general overview of the process and background reports on rule review.*

(b) subject to 5-5-217(3) *which allows interim committees some discretion*, conduct interim studies as assigned;

*House Joint Resolution No. 3 - child abuse and neglect parental representation*

*Senate Joint Resolution No. 11 - alcohol and drug abuse prevention, early intervention, treatment*

(c) monitor the operation of assigned executive branch agencies (*Department of Public Health and Human Services*) with specific attention to the following:

(i) identification of issues likely to require future legislative attention;

(ii) opportunities to improve existing law through the analysis of problems experienced with the application of the law by an agency; and

(iii) experiences of the state's citizens with the operation of an agency that may be amenable to improvement through legislative action;

(d) review proposed legislation of assigned agencies or entities as provided in the joint legislative rules; and

(e) accumulate, compile, analyze, and furnish information bearing upon its assignment and relevant to existing or prospective legislation as it determines, on its own initiative, to be pertinent to the adequate completion of its work.

(2) Each interim committee shall prepare bills and resolutions that, in its opinion, the welfare of the state may require for presentation to the next regular session of the legislature.

(3) The legislative services division shall keep accurate records of the activities and proceedings of each interim committee."

Also: Other statutory and legislatively-required reports from DPHHS: There are requirements for reports, information, or proposals to be presented to the Children, Families, Health, and Human Services Interim Committee (CFHHS or Committee) as the appropriate interim committee by legislation passed by the 58th Legislature or in statute.

## **II. RELATED TOPICS AND EMERGING ISSUES FROM THIS SESSION**

The following issues were: (1) suggested as "Areas for Future Study" in the November 2002 final report from the 2001-2002 CFHHS Interim Committee; or

(2) include related topics from the 2003 Legislative Session:

***Effects of budget cuts on DPHHS programs.*** The 2003 Legislature made critical choices in budgets affecting programs and services to be offered for the 2004-2005 biennium. This Committee in its monitoring capacity will need to review these changes and any effects on Montana's children and families. It will be vital to coordinate efforts with the Legislative Finance Division to understand the budget impact on health and human services policies and the ramifications in order to make monitor the effects and make any policy recommendations within realistic budget expectations.

The issues surrounding the ***public mental health system*** have persisted. General administration, access, funding, development of community services, and a move towards the regional service area authority administration of services, including assumption of risk, could warrant attention in the future. Children's services have been of particular interest to this Committee in the past and during the 2003 legislature SB 94 (multi agency initiative) and a new children's division was proposed and any reorganizations should also be monitored. In the two previous interims, the Legislative Finance Committee studied mental health issues. There is no mental health study this interim and this Committee can monitor this area as part of DPHHS. Related legislation SB 348 - Behavioral Health Inpatient Facilities, SB 64 - notice of civil commitment to mental health facility, HB 56 - involuntary commitment to the Montana Mental Health Nursing Care Center, SB 55 - community commitment, SB 56 - limit period of confinement of not guilty but mentally ill, SB 57 - define mental disease or defect, SB 347 - service area authorities, DPHHS duties, community mental health centers.

In the previous two interims, the Committee had recommended that the ***Disability Services Division*** continue to meet with interested parties to resolve the issues surrounding developmental disability services. As of May 2003, the Travis D. v. State of Montana litigation was still unresolved, and additional litigation had been filed, audits and inspections for Medicaid certification had resulted in corrective action, and further budget cuts had occurred. The population of the Montana Developmental Center appeared to be shifting to a more volatile population requiring changes in practices for the safety of patients and staff alike. The 2003 Legislature decided to close Eastmont Human Services Center in Glendive and move additional patients to community services. The waiting lists for services do not appear to be shrinking and there have been no proposals brought forward at this time regarding changes in the civil commitment laws. The Committee proposed successful changes

to criminal procedure and persons with developmental disabilities and may want to monitor SB 35 (Ch. 452, L. 2003, eff. Oct. 1, 2003) to determine if it is successful and any effects of implementation. The Disabilities Services Division programs appears to be in need of review and, potentially, of changes to make it more receptive to the needs of the population and to the needs of the state. Related legislation: SB 113 - definition and licensure of intermediate care facility for persons with developmental disabilities; HB 734 - DDPAC to Department of Commerce.

The ***Interagency Coordinating Council (ICC)*** for State Prevention Programs has been directed to prepare a unified budget since 1993 (2-15-225, MCA). Changes to or repeal of the ICC were proposed but not enacted by the 2003 Legislature. This is a small program that has been funded by donations from other agencies. Because of recommendations involving prevention from the Governor's and Attorney General's Task Force on Alcohol, Tobacco, and Other Drug Control Policy, there is significant interest in the area of prevention and administration of prevention programs and the ICC has expressed interest in providing cooperation in the SJR 11 study on alcohol, tobacco, and other drug abuse prevention, early intervention, and treatment.

This Committee was interested in following the ***federal and state audits of the Child and Family Services Division*** (child protective services). The 2003-04 interim may be a prime opportunity to take a look at the state and federal audit results and the results of 2003 legislative actions in the area of child abuse and neglect. An interim study HJ3 that was recommended by the 2001-02 Committee regarding a study of potential public defenders, advocates, or family ombudsman to be appointed to assist families earlier in the child abuse and neglect investigations and process was passed by the 2003 Legislature and assigned to this Committee to study. There are also issues of representation in the youth court area which impacts foster care, mental health, and other services provided by DPHHS. The study could be a centerpiece of the Committee's activities on child abuse and neglect issues and could include researching the findings in the state and federal audits.

***Health care issues***, such as cost, insurance, and access, were assigned to the Economic Affairs Interim Committee for the 2001- 2002 interim. The Economic Affairs Committee requested that studies of health care issues be directed to the Children, Families, Health and Human Services Interim Committee and can appropriately be followed up by this Committee. In its monitoring capacity of the State Health Planning Grant and related programs and efforts within DPHHS, the Committee will be able to do so.

- HJR 13 - DPHHS report to Legislature on redesigning health programs
- HJR 19 - DPHHS report to Legislature regarding public assistance eligibility and enrollment
- SB 160 - DPHHS report to Legislature re: performance measures
- SB 347 - DPHHS report to Legislature re: transition plan re: mental health service area authorities and community mental health centers
- SJ 32 - Medical malpractice rates and reform
- SJ 31 - Juvenile Justice study - (related to mental health and foster care)

**Other related areas within the Department of Public Health and Human Services**

Governor's Council on Children and Families

Department of Public Health and Human Services Divisions:

- Addictive and Mental Disorders Division - mental health, chemical dependency, Montana State Hospital
- Child and Family Services Division - child abuse and neglect
- Child Support Enforcement Division - child support enforcement
- Disability Services Division - developmental disabilities community and institutional programs, closure of EHSC
- Fiscal Services Division - fiscal policy, contracts, payments
- Public Health and safety Division (formerly of Health Policy and Services Division) - communicable disease, public health, WIC, chronic disease, emergency medical services and trauma, tobacco use prevention, clinical and environmental lab sections
- Human and Community Services Division - food commodities, public assistance, TANF, Child care, Head Start, related legislation: HJ 31 - Encourage innovative programs within TANF program that divert cash assistance; HJ 30 - Urge passage faith-based initiative and tribal-TANF legislation; HB 569 - At-home infant care.
- Operations and Technology Division - information systems, payroll, vital statistics
- Quality Assurance Division - licensing and certification, compliance, fraud, utilization review
- Senior and Long Term Care Division - adult protective services, aging services, long term care ombudsman, area agencies on aging, two Montana Veteran's Homes.
- Director's Office
- New Division: Child and Adult Health Resources Division - Medicaid acute and primary care, state CHIP, and children's special health services from Health Policy and Services Division and children's mental health from Addictive and Mental Disorders Division.

**Emerging issues:**

- Child care, child development, work requirements for public assistance, HB 569 - at-home infant care, SJ 21 - urge increase in availability of child care, HJ 31 - innovative TANF programs, HJ 29 - Support children's health initiative, etc.
- Domestic violence, partner assault, HB 703 - Revise statutory criteria for removal of child in family member assaults, HB 456 - Revise partner-family member assault law
- Emergency health powers act - no legislation offered - changes to public health laws needed
- Organ donation registry - (changes in Medicaid coverage for transplants related issue)
- Traumatic Brain Injury Acct - HB 698
- Refinancing to maximize federal matching funds- HB 744 - medicaid block grant, HB 705 - Increase utilization fee on nursing facility bed day, HB 481 - Imposing a utilization fee on hospitals for acute in-patient care days
- Uninsured - mandated benefits, schools pool, CHIP (no expansion, but HB2 donation language), Robert Wood Johnson state planning grant (UM research).
- Dental access - HB 286 (failed) dental hygiene program

- Uniform health care information act - HIPAA - HB 647, HB 605

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