

2016

# Wide Scope, Singular Focus

## Examining Services to Support Montana's Vulnerable Populations

A Report to the 65th Legislature on the Activities  
of the Children, Families, Health, and Human Services Interim Committee  
2015-2016 Interim

By Sue O'Connell  
Research Analyst  
Legislative Services Division  
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**Children, Families, Health, and Human Services Interim Committee Members  
2015-2016 Interim**

Before the close of each legislative session, the House and Senate leadership appoint lawmakers to interim committees. Each member of the Children, Families, Health, and Human Services Interim Committee, like the members of most other interim committees, serves one 20-month term. The information below is included to comply with section 2-15-155, MCA.

**Senate Members of the Committee**

**Sen. Mary Caferro**  
**Vice Presiding Officer**  
607 N. Davis St.  
Helena, MT 59601-3737  
(406) 461-2384  
marycaferro@gmail.com

**Sen. Eric Moore**  
487 Signal Butte Rd.  
Miles City, MT 59301-9205  
406-234-3562

**Sen. Diane Sands**  
4487 Nicole Ct.  
Missoula, MT 59803-2791  
senatorsands@gmail.com

**Sen. Roger Webb**  
1132 Ginger Ave.  
Billings, MT 59105-2062  
(406) 861-9322  
webb4mt@hotmail.com

**House Members of the Committee**

**Rep. Ron Ehli**  
**Presiding Officer**  
P.O. Box 765  
Hamilton, MT 59840-0765  
(406) 363-3130  
Rep.Ron.Ehli@mt.gov

**Rep. Jessica Karjala**  
6125 Masters Blvd.  
Billings, MT 59106-1036  
(406) 672-8681  
Rep.Jessica.Karjala@mt.gov

**Rep. Albert Olszewski**  
P.O. Box 11243  
Kalispell, MT 59904-1243  
(406) 253-8248  
Rep.Albert.Olszewski@mt.gov

**Rep. Gordon Pierson**  
603 Washington St.  
Deer Lodge, MT 59722-1347  
Rep.Gordon.Pierson@mt.gov

**Committee Staff**

Sue O'Connell, Lead Staff  
Alexis Sandru, Staff Attorney  
Fong Hom, Secretary

**Legislative Services Division**

Susan Byorth Fox, Executive Director  
Todd Everts, Director, Legal Services  
David D. Bohyer, Director, Office of Research and Policy Analysis (retired July 2016)

This report summarizes the activities of the Children, Families, Health, and Human Services Interim Committee during the 2015-2016 interim, when the committee undertook the Senate Joint Resolution 22 study of guardianship/Alzheimer’s disease, the Senate Bill 418 study of legislative mental health investments, and the House Bill 422 study of children’s mental health outcomes while also carrying out its oversight duties related to the Department of Public Health and Human Services.

Members received additional information on all of the topics covered in this report. All of the staff briefing papers and many of the materials presented by speakers during the interim, along with minutes summaries and exhibits, are available on the committee’s website, [www.leg.mt.gov/cfhhs](http://www.leg.mt.gov/cfhhs). To see materials specific to one of the studies, please click on “Committee Topic” on the right-hand side of the page and then select the link to the appropriate study.



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## Introduction and Overview

During the 2015-2016 interim, the Children, Families, Health, and Human Services Interim Committee took up a wide-ranging list of topics related to health care and human services. However, those topics had a singular focus: improving services for vulnerable children and adults.

The committee completed two studies required under bills passed by the 2015 Legislature and another study that was requested by a resolution. Through those studies, committee members:

- considered how to improve protections and services for adults who are no longer able to make their own decisions about their physical health or financial needs, including individuals suffering from Alzheimer's disease or other dementia;
- reviewed the children's mental health system as they considered ways to improve and track outcomes for children receiving state-funded services; and
- monitored the use of millions of dollars appropriated for new and continued mental health services for both children and adults.

The committee also kept an eye on other health and human services topics, including the expansion of the state Medicaid program to cover nondisabled adults without children, the closure of the Montana Developmental Center in Boulder, the continued legal battle over the medical marijuana law passed by the 2011 Legislature, the work of the governor's Protect Montana Kids Commission and other issues related to the state's child protective services, and the concerns of individuals suffering from chronic pain.

By the end of the interim, the committee had approved seven bills for introduction in the 2017 Legislature. Most were related to the Senate Joint Resolution 22 study of guardianship laws and Alzheimer's disease, as follows:

- LC 172, to create a \$240,000 grant program to train volunteers to provide respite care to individuals with Alzheimer's disease or other dementias;
- LC 278, creating financial protections for vulnerable individuals, including people with a mental illness;
- LC 279, appropriating \$1.5 million to the Department of Public Health and Human Services (DPHHS) to allocate to area agencies on aging for services to individuals with Alzheimer's disease or other dementias;
- LC 280, to increase the number of Medicaid home and community-based services waiver slots and increase Medicaid reimbursement rates for assisted living facilities and memory care; and

- LC 281, to create a working interdisciplinary network of guardianship stakeholders and establish a grant program for public guardianship services.

As a result of its Senate Bill 418 study of legislative mental health investments, the committee approved LC 170 to require Medicaid reimbursement for drug therapy management provided by clinical pharmacist practitioners. The committee also approved LC 171 to eliminate several statutorily required advisory councils and reports for DPHHS, as part of its oversight responsibilities for the department.

Members did not approve any legislation related to the House Bill 422 study of children's mental health outcomes.



## SJR 22 Study: Guardianship/Alzheimer's Disease

The 2015 Legislature passed Senate Joint Resolution 22, which requested an interim study of whether Montana's guardianship proceedings, programs, and services are adequate to meet the needs of elderly and developmentally disabled individuals who may be vulnerable to abuse, neglect, or exploitation.

The request for the study stemmed from concern over Montana's aging population. DPHHS estimates that by 2030, Montana will rank at least fifth in the nation in the percentage of residents over 65 years of age. National studies predict that a significant percentage of older Americans will suffer from mental illness, traumatic brain injuries, dementia, and other mental impairments that will diminish their ability to care for themselves or make decisions related to their health and well-being. Montana law allows for the appointment of guardians for individuals who are unable to understand, make, or communicate decisions about their care because of mental or physical impairments or chronic substance abuse. However, the resolution noted that no statewide training or standards exist for individuals appointed as guardians. It also said that the availability and quality of guardianship services and programs varies widely in different areas of the state.

In a poll to assess interest in potential interim studies, legislators ranked the SJR 22 study eighth out of 15 study resolutions, and the Legislative Council assigned the study to the Children, Families, Health, and Human Services Interim Committee. SJR 22 suggested that the committee review:

- Montana's existing guardianship statutes to determine if changes to the statutes could improve protections for elderly and disabled individuals;
- the guardianship services available to individuals through DPHHS;
- efforts at the local level to provide guardianship services;
- funding needs and availability for guardianship services, including an examination of existing and potential funding sources;
- efforts in other states to establish uniform, statewide guardianship programs or otherwise improve guardianship services; and
- recommendations of national groups that work on matters related to guardianship for vulnerable citizens.

At the beginning of the interim, members of the public encouraged the committee to expand the scope of the study to include the topic of Alzheimer's disease and other dementias. House Joint Resolution 30, which was introduced during the 2015 legislative session but was not acted on before the end of the session, had sought a study of whether changes to existing facilities and programs were needed to accommodate the needs of Montanans affected by Alzheimer's or

dementia. Recognizing the connection between the two studies, the committee decided to expand the SJR 22 study to include the topics outlined in HJR 30. That resolution suggested a review of:

- the number of individuals with dementia served by state-operated facilities, by privately operated facilities, and through the Medicaid home and community-based services waiver operated by the DPHHS Senior and Long Term Care Division;
- the cost of providing services to individuals with dementia in state-operated facilities, privately operated facilities, and the home;
- whether the available services meet the needs of individuals with dementia;
- whether services are available to allow individuals with dementia to remain in their homes and, if not, the barriers that exist to making those services available;
- the projected long-term needs for individuals with dementia and the types of facilities or services that may be needed to meet those needs;
- alternative approaches to providing the services that may improve the quality of care or provide care in a less restrictive environment; and
- any available information about the number of individuals with dementia who come into contact with local law enforcement agencies and the results of those interactions.

The committee also decided to review the supports and services for individuals with dementia and their families that are necessary to keep the individuals in their homes and communities.

### Guardianship Study Activities

The committee began the study in September 2015 by examining Montana's current guardianship laws for adults. Members also learned at that time about conservatorship laws, which may be used along with or in place of a guardianship to manage a person's estate, and about advance directives, which allow a person to plan ahead for incapacity by specifying the person's wishes and delegating decision-making if the person becomes incapacitated.

A guardianship is a legal relationship between an incapacitated person<sup>1</sup> and another person who is appointed by a court to make decisions on behalf of the incapacitated person concerning the person's care and well-being. Montana law spells out — in Title 72, chapter 5, part 3 — the process

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<sup>1</sup> An incapacitated person means “any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the person or which cause has so impaired the person's judgment that the person is incapable of realizing and making a rational decision with respect to the person's need for treatment.” 72-5-101(1), MCA.

for determining whether a person is in need of a guardian and also the powers and duties of guardians. In general, a guardianship must encourage maximum self-reliance and independence in the person and must be tailored to the extent of the person's actual mental and physical limitations.

Speakers in September said the state's district courts handled 1,124 guardianship cases in 2014. Most cases are filed by family members, physicians, the state's Adult Protective Services Bureau, or others who believe a guardian is needed to handle all or some of a person's affairs. Some individuals who are the subject of guardianship petitions are represented by public defenders. In fiscal year 2015, the Office of the State Public Defender handled 189 guardianship cases for individuals who did not have the money to hire their own attorneys.

The committee also learned that although some area agencies on aging and nonprofit groups provide guardianship services, those services are usually available on a limited basis and primarily for low-income individuals. Most programs serve 20 or fewer people per year. If a person is found to be in need of a guardian but doesn't have a family member, friend, or other interested person to serve in that role, DPHHS employees may be appointed as the person's guardian.

Throughout the study period, speakers emphasized that Montana has few statewide standards for guardians. In addition, they said the district courts provide relatively little oversight of guardians. The committee heard presentations about the standards of practice developed by the National Guardianship Association and about model legislation to protect vulnerable adults from financial abuse. They also studied so-called "WINGS" groups, or working interdisciplinary networks of guardianship stakeholders. Such groups have been created in some states to recommend standards for guardians and work on other guardianship topics.

### Alzheimer's Study Activities

The committee began its study of Alzheimer's disease in November 2015 with presentations on the prevalence, causes, stages, and treatments of the disease, as well as the experiences and concerns of family members who provide care for Alzheimer's patients. The committee also learned about the types of community-based services and facilities that provide care for individuals with Alzheimer's or other dementias. And they heard about the efforts of the Montana Alzheimer's/Dementia Work Group, which was in the midst of preparing an Alzheimer's state plan as the committee began its study.

Representatives of the work group presented the group's recommendations for the committee's consideration in March 2016. The group recommended that the state:

- have an employee whose sole role is to facilitate a coordinated approach to planning for and providing services to individuals with Alzheimer's disease or other dementias;
- increase community-based placement options for Alzheimer's or dementia patients by adding slots to the home and community-based services waiver and improving reimbursement rates for some services;

- support respite programs for caregivers; and
- support a proposal by the state's area agencies on aging for increased funding to assist individuals with Alzheimer's and their families.

### Narrowing the Focus

After hearing the work group's recommendations in March, the committee asked staff to work with the group to develop legislation for consideration at future meetings. At their May, June, and August meetings, committee members reviewed drafts, examined potential costs, and took public comment on Alzheimer's-related bill drafts to:

- provide grant funding for a nonprofit organization to coordinate Alzheimer's services;
- appropriate \$1.5 million to the 10 area agencies on aging in the next biennium for services targeted at Alzheimer's patients and their family members;
- create and fund a grant program for organizations to train people to serve as volunteer respite caregivers; and
- increase the number of basic and adult residential home and community-based services waiver slots and increase the Medicaid reimbursement rates for assisted living and memory care.

For the guardianship portion of the study, the committee reviewed and took comment on bill drafts to:

- require financial advisers to report suspected financial abuse of vulnerable adults to the state securities commissioner;
- require guardians and conservators to report suspected financial abuse to DPHHS; and
- create a WINGS group to work on guardianship and conservatorship standards, review other guardianship topics, and make recommendations for grants to support public guardianship programs. The bill would also fund the grant program.

The committee had also requested a bill draft in March to incorporate the National Guardianship Association standards into statute. But members agreed before the May meeting not to pursue that draft because of the scope of the statutory changes that would be needed. Members also made consideration of appropriate standards one of the duties of the WINGS group proposed in LC 281.

### Final Recommendations

After weighing various versions of the proposed bills and the range of potential costs, the committee approved introducing the following bills as committee bills in the 2017 Legislature:

- LC 172, creating a grant program for training volunteers to provide respite care for people with Alzheimer’s disease or other dementias and providing \$240,000 over the biennium for the grants;
- LC 278, requiring investment advisers to report suspected financial exploitation of vulnerable persons, including individuals with a mental disorder;
- LC 279, appropriating \$1.5 million to DPHHS to be allocated to the state’s area agencies on aging for services targeted to individuals with Alzheimer’s disease or other dementias;
- LC 280, appropriating money to increase by 200 the number of Medicaid home and community-based services waiver slots for senior and long-term care and to increase assisted living reimbursement rates by about \$23 a day and memory care rates by about \$45 a day; and
- LC 281, to create a working interdisciplinary network of guardianship stakeholders (WINGS) and establish a grant program for public guardianship services. The bill would sunset in six years.

The committee decided against introducing legislation to provide for statewide facilitation of Alzheimer’s services and to require guardians and conservators to report suspected exploitation of their wards to DPHHS.

To see all materials related to this study, please click [here](#).



## SB 418 Study: Legislative Mental Health Investments

The 2015 Legislature approved nearly \$19 million in new funding for Montana's mental health system. To keep an eye on how the money was used, the Legislature included a requirement in Senate Bill 418 that the Children and Families Committee monitor and evaluate how DPHHS implemented the new funding. SB 418 also directed the committee to provide a report to the 2017 Legislature that outlines the status of implementation and identifies areas where continued improvement is needed.

### Overview of New Funding

The infusion of money into the state's mental health system stemmed from a combination of bills proposed through a 2013-2014 interim study, new proposals from the governor, and additional ideas developed during the 2015 legislative session.

The Children and Families Committee studied state-operated institutions during the 2013-2014 interim and proposed seven study-related bills to fund various mental health services, primarily in the community. The Legislature approved four of the bills, adding \$5.4 million to the budget to pay for additional grants for both adult and youth crisis intervention and jail diversion activities, secure detention beds in the community, and voluntary inpatient treatment in the community in lieu of commitment to the Montana State Hospital. The Legislature also included about \$3.5 million in House Bill 2 for transitional mental health group homes, after killing an interim committee bill that appropriated the same amount of money and also outlined requirements for the group homes. HB 2 made money available for the group homes but allowed DPHHS to set out the criteria group homes would need to meet.

The Legislature approved \$6.35 million in funding for new proposals by the governor. The appropriations increased the amount of money available for an existing 72-hour crisis stabilization program and also provided money to provide peer support services, help Montana State Hospital patients maintain or obtain housing in the community, and make grants for suicide prevention efforts involving Indian youth.

Gov. Steve Bullock also asked for money to build and operate additional beds at the Montana State Hospital in Warm Springs and the Mental Health Nursing Care Center in Lewistown. The Legislature did not provide money for construction costs, but HB 2 still contained \$4 million in FY 2017 to pay for the operational costs associated with the new beds.

The Legislature approved another \$3.5 million in mental health spending that was not proposed by either the interim committee or the governor. The money was designated for increasing the number of slots in the mental health home and community-based services waiver program and for supporting existing community-based programs and facilities that are currently receiving county matching grants for crisis intervention and jail diversion efforts. The table on the following page details the appropriations.

## 2015 Mental Health Appropriations

Bill: Activity	FY 2016		FY 2017		Biennium		Total
	GF	FSR	GF	FSR	GF	FSR	
HB 33: County Grants					\$2,000,000		\$2,000,000
HB 34: Secure Detention	\$600,000		\$600,000				\$1,200,000
HB 35: Short-Term Treatment					\$1,000,000		\$1,000,000
HB 47: Youth Crisis Diversion					\$1,200,000		\$1,200,000
HB 2: Presumptive Eligibility	\$500,000		\$500,000				\$1,000,000
HB 2: Housing Support	\$300,000		\$300,000				\$600,000
HB 2: Peer Support					\$500,000		\$500,000
HB 2: Youth Suicide Prevention	\$125,000		\$125,000				\$250,000
HB 2: Operations-New Forensic Beds			\$4,000,000				\$4,000,000
HB 2: Existing County Grants	\$250,000		\$250,000				\$500,000
HB 2: Transitional Group Homes	\$1,500,000	\$238,761	\$1,500,000	\$237,555			\$3,476,316
HB 2: HCBS Waiver Slots	\$344,407	\$648,693	\$695,369	\$1,290,831			\$2,979,300
<b>Total</b>	<b>\$3,619,407</b>	<b>\$887,454</b>	<b>\$7,970,369</b>	<b>\$1,528,386</b>	<b>\$4,700,000</b>		<b>\$18,705,616</b>

GF = General Fund

FSR = Federal Special Revenue



### Study Activities

Throughout the interim, the committee received updates from DPHHS on the services that have been funded with the additional money. Among other things, the appropriations have resulted in:

- crisis intervention and jail diversion grants to 16 counties in FY 2016 and 14 counties in FY 2017;
- payments to two new crisis stabilization facilities that opened during FY 2016 and are able to provide secure detention beds so that individuals do not have to be taken to the Montana State Hospital for emergency detentions;
- enhanced rates for mental health group homes and prerelease centers that accept people who were convicted of a crime and sentenced to DPHHS custody because of their mental illness, allowing seven individuals to leave state facilities for a group home;
- the addition of 50 home and community-based services waiver slots in three counties, allowing some people to move out of nursing homes and allowing others to remain in the community rather than being placed in a more restrictive setting;
- an increase in housing, re-entry, crisis stabilization, and peer support services; and
- contracts with three providers for voluntary short-term treatment of individuals who are facing an involuntary commitment proceeding. Most people receiving this treatment were discharged to community programs, avoiding commitment to the State Hospital.

Nine of the 16 counties that received crisis diversion grants in FY 2016 were receiving funds for the first time. In FY 2017, two of the 14 counties were receiving funds for the first time. The grants supported efforts ranging from secure detention beds to crisis response training for law enforcement and mental health services in county jails.

The committee also heard from DPHHS about its efforts to meet with a broader range of stakeholders during the interim to raise awareness of the new funding opportunities and the alternatives to placing people at the State Hospital. The department also worked more closely with community mental health centers on discharge planning for State Hospital patients.

In addition, providers and other interested parties talked with the committee about the need to maintain or improve community mental health services. Stakeholders stressed that:

- the additional funding from the 2015 Legislature has allowed providers to start some new services, but they still face difficulty maintaining existing services in some instances;
- Medicaid reimbursement rates don't cover the costs of some 24-hour crisis services;

- programs funded with general fund dollars give providers more flexibility because the money can be used to pay for the overhead costs of maintaining 24-hour services when patients are not actually using the services;
- workforce shortages, particularly the lack of psychiatrists and other prescribers, make it difficult to provide services at times; and
- stakeholders appreciate the efforts DPHHS personnel have made to work more closely with providers and other groups involved in the mental health system.

### Findings and Recommendations

At the conclusion of the study, the committee made the following findings:

1. Additional funding for crisis intervention and jail diversion grants has expanded services to new areas of the state, particularly eastern Montana. The FY 2016 grants had the potential to benefit 29 of the state's 56 counties, while FY 2018 grants involved 28 counties.
2. Additional funding for secure detention beds helped stabilize funding for new crisis facilities in Helena and Polson as they opened their doors in FY 2016.
3. Some providers are now offering short-term voluntary treatment for individuals who are facing an involuntary commitment to the Montana State Hospital, using state funding provided for the first time since the 2009 Legislature created the diversion option.
4. Additional funding for services to people found to be guilty of a crime but mentally ill has allowed some individuals to leave the Montana State Hospital for community placements.
5. Crisis intervention and diversion services have resulted in dozens of individuals receiving treatment and remaining in the community rather than being admitted to the Montana State Hospital for short-term detention and evaluation.
6. Mental health providers continue to face financial pressures related to reimbursement rates, payment models that restrict reimbursement to the provision of specific services, workforce shortages that prevent providers from meeting licensing requirements or providing services, and the lack of psychiatrists and other prescribers.
7. Stakeholders are trying to address workforce shortages through development of a psychiatric residency training program, increased emphasis on the psychiatric advanced practice registered nursing program at Montana State University, and increased use of telepsychiatry.
8. Some readmissions to the Montana State Hospital in the first month after discharge occur because individuals have trouble with their medications.

9. The state entered into a 19-year lease for a private facility in Galen to house people who have been charged with a crime and are undergoing pretrial evaluation or treatment, undergoing a presentencing evaluation, or serving a sentence in the custody of DPHHS. The 2015 Legislature appropriated money to operate new beds for this forensic population in FY 2017 but did not authorize money to build a new facility. DPHHS plans to use unexpended money from its existing budget to pay the operational costs that were incurred in FY 2016 but not funded by the Legislature.
10. DPHHS has worked to educate a wide range of stakeholders about the new funding opportunities and about community crisis intervention and diversion services.

The committee also made the following recommendations:

1. The state Medicaid program should reimburse clinical pharmacist practitioners for providing drug therapy management. The committee approved LC 170 for introduction in the 2017 Legislature to require reimbursement for the services. The committee heard presentations during the interim about the role these pharmacists can play in managing, along with a physician, the medications used by individuals, including people with mental health needs. However, members also heard that few pharmacists are providing the services because they generally aren't reimbursed for the work.

Committee members believed that the clinical pharmacist practitioners could fill a gap in medication management for individuals leaving the Montana State Hospital.

2. DPHHS should review and compile information on the degree to which people with Alzheimer's disease or other dementias are committed to state facilities, including their length of stay in the facilities and the cost of providing care in institutional settings.
3. The 2017 Legislature should support increased funding for medical residency programs to provide a psychiatry training track in Montana. Backers of the proposal told the committee that medical residents often remain in the community in which they complete their residency program, so a psychiatric residency training program could increase the number of psychiatrists available to provide care in the Montana.
4. DPHHS and state policymakers should monitor the results of the Project ECHO (Extension for Community Healthcare Outcomes) pilot project that is using teleconferencing to connect clinicians from Billings Clinic, Rimrock, and the Department of Corrections with medical education and care management for offenders under DOC jurisdiction. The pilot project results may provide information on the effectiveness of telemedicine services, the current availability of such services, the potential for expanded use of Project ECHO or other telemedicine approaches, and the barriers to using telemedicine more widely.

To see all materials related to this study, please click [here](#).



## HB 422 Study: Children's Mental Health Outcomes

The idea of tracking and improving children's mental health outcomes first came before the Legislature during the 2011-2012 interim, when providers proposed the idea to the Select Committee on Efficiency in Government.

That committee introduced House Bill 100 in the 2013 session to require DPHHS to develop pilot project legislation to improve outcomes and to pay providers based on whether the children they treat attain certain identified outcomes. The bill also created a task force that was to work with DPHHS to develop the legislation and make recommendations to the Legislature.

The Legislature passed the bill, but Gov. Steve Bullock vetoed it. His veto message said in part:

*The bill is unnecessary in that the measures in the bill may be effectuated under existing state statutory authorities. The Department of Public Health and Human Services is proceeding under those existing authorities with studies and measures that will serve the purpose of this bill. This bill, in duplicating existing authorities and efforts, would not efficiently serve the public's interests in the services to be studied.*

However, in the absence of indications that DPHHS was measuring outcomes or developing pay-for-performance measures, the 2015 Legislature passed House Bill 422. The main elements of the bill were similar to HB 100. However, during the course of the legislative session, the bill was amended to require the Children and Families Committee to undertake the work originally assigned to a task force of stakeholders.

### Requirements of HB 422

Under HB 422, the committee was to study the children's mental health system and recommend to the next Legislature "a system for evidence-based outcomes for services provided to youth and options for performance-based reimbursement for providers." The recommendation was to include legislation for a pilot project to be implemented by DPHHS on July 1, 2017.

As part of its study activities, the committee was to review:

- the current array of children's mental health services;
- the state's system for collecting data related to mental health services and payment for those services;
- evidence-based outcomes and performance-based reimbursement models used by other states; and

- research, recommendations, and other public comment submitted to the committee.

Despite carrying out those activities, committee members found they were unable to develop pilot project legislation. They came to that conclusion after learning that DPHHS does not have a system for collecting data and subsequently determining that the executive branch did not appear willing to work with the committee on ideas for developing a database for the outcomes identified by the committee.

### Study Activities

The committee began the study in September 2015 with presentations on the scope of children's mental health services in Montana. Members learned that in FY 2014, the most recent year for which information was available, more than 19,500 children received mental health services funded either through the Medicaid program or the Children's Health Insurance Program (CHIP). Medicaid-funded services cost nearly \$124 million for 16,771 children, while \$3.6 million was spent on CHIP-funded services for just under 3,000 children. For both the Medicaid and CHIP programs, the federal government pays the majority of costs while the state pays the remainder.

In addition, the state paid about \$1.2 million in general fund for services that don't qualify for federal funds.

The largest amount of money went to the Comprehensive School and Community Treatment program, which served nearly 5,000 children at a cost of about \$32.8 million. The next highest amount — about \$19.5 million — was spent on therapeutic group home services for 655 children, followed by \$18.2 million on psychiatric residential treatment facility services for 549 children.

Most children receiving services must meet the state's definition of serious emotional disturbance. To do so, children 6 years of age or older must be found by a licensed mental health professional as having one of 59 mental disorders to a moderate or severe degree. They also must have a moderate to severe functional impairment in at least three of the following areas: self care, community, social relationships, family, or school. A child under 6 years of age must meet the functional impairment criteria in at least two of those areas but does not need to have a specific mental health diagnosis. The family and school criteria also differ somewhat from those for older children.

After learning about the scope of services provided and the number of children served, the committee heard presentations on the following topics during the course of the study:

- the development and use of evidence-based practices that have been proven to result in certain outcomes when treatment is provided in accordance with the practice model;

- the different models for performance-based contracting and the ways in which some states have implemented pay-for-performance for children’s mental health or foster care services;
- the need for using measurement tools to determine whether outcomes have been achieved;
- the wide variety of items that could be measured;
- the factors that might influence outcomes other than the treatment that is provided; and
- the potential costs of developing state-based measurement tools or using private vendors to collect and analyze data.

### Narrowing the Focus

By the end of its January meeting, the committee decided the study should focus on three outcomes for children who had received mental health services: whether they were at home, in school, and out of trouble after receiving services.

In March, the committee heard ideas for pilot project legislation from providers who had offered to work on a plan for the committee. The committee had accepted that offer, recognizing that the scope of the study tasks required more time and expertise than the committee could provide given its limited number of meetings and other study responsibilities.

The providers suggested several types of information that could be collected for each of the three outcomes. They also identified potential groups of children to include in a pilot project, and they outlined required tasks for both providers and DPHHS during the course of the pilot project.

However, DPHHS representatives told the committee during the March meeting that the agency doesn’t have a database it could use to collect the suggested information. In May, the committee heard from state officials about the potential time and cost involved in creating a new database or modifying existing databases to collect the information. In June, private vendors discussed the types of surveys they could undertake and the data analysis services they provide.

Although some committee members offered to work on potential pilot project legislation for the August meeting, they subsequently determined that executive branch support may not exist for any proposal developed for the committee. At the final meeting, providers also noted the lack of executive branch support, and they asked that the study be terminated without further action.

To see all materials related to this study, please click [here](#).





## HB 142 Review: DPHHS Advisory Councils and Reports

The 2011 Legislature passed House Bill 142, which required interim committees to review advisory councils and agency reports that are established in state law. Each committee reviews the councils and reports for the state agencies over which it has oversight responsibility. Thus the Children and Families Committee reviews councils and reports related to DPHHS.

Eighteen advisory councils provide DPHHS with guidance on matters that range from aging services to mental health services to telecommunications access issues for disabled individuals. The agency also is required by law to submit 12 reports to the Legislature. The reports cover topics ranging from suicide prevention to Medicaid activities to details on the placement of children with mental health needs in out-of-state treatment facilities.

During the 2015-2016 interim, the committee reviewed information on the advisory councils and agency reports, as well as recommendations made by DPHHS in the 2011-2012 interim to eliminate five of the councils and seven of the reports.

Information provided to the committee indicated that several of the councils have been inactive in recent years and that several reports have not been provided to the Legislature.

### Committee Decision

Previous interim committees took no action on recommendations for eliminating any councils or reports, saying DPHHS could propose legislation to make changes it believed were appropriate. However, the 2015-2016 interim committee decided to introduce a committee bill in the 2017 Legislature to eliminate the advisory councils that have not been active and to eliminate several reports that have not been provided in recent years.

LC 171 would eliminate:

- the Community Health Center Advisory Group;
- the Montana 2-1-1 Coalition;
- the Commission on Provider Rates and Services;
- the Child Support Enforcement Advisory Board; and
- reports on community health center grant awards, the activities of the Montana 2-1-1 Coalition, the use of the Big Sky Rx Program, and the delivery of mental health services to children with serious emotional disturbance.



## SB 423 Monitoring: Montana Marijuana Act

When the 2011 Legislature passed Senate Bill 423 to repeal the former Medical Marijuana Act and replace it with stricter guidelines on the use of marijuana for debilitating medical conditions, it also required that the Children and Families Committee continue to monitor the new law, identify issues that may need legislative attention, and develop legislative proposals as needed.

As in past interims since the law was implemented, the committee had only minimal monitoring tasks because key provisions of the law remained tied up in court throughout the interim in a legal challenge that was filed the day that the law went into effect in 2011. Those elements of the law did not go into effect until after the committee's final meeting of the interim.

Although the Montana Supreme Court upheld most of the challenged provisions in February 2016 and ordered that they go into effect on August 31, 2016, the plaintiffs in the suit appealed that decision to the U.S. Supreme Court. They also asked a Helena District Court judge to delay implementation of the challenged elements until either the high court ruled on the appeal or until Montana voters had a chance to change the provisions at issue by passing an initiative in November 2016.

On June 27, the U.S. Supreme Court declined to hear the appeal. However, Initiative 182 qualified for the November ballot on July 13. But on August 17, District Judge Jim Reynolds denied the motion for a stay, saying he was bound by the Montana Supreme Court's decision on the August 31 effective date.

"Our system of government mandates that this Court, as a subsidiary district court, must follow the decisions of our Supreme Court," he wrote in his order denying the stay, adding: "The undersigned fully subscribes to this judicial structure."

### Challenged Provisions

The provisions of SB 423 that were enacted but did not go into effect until August 2016:

- limited the number of patients for whom a provider may grow or manufacture marijuana or marijuana-infused products;
- prohibited advertising of marijuana and related products by providers or cardholders;
- allowed law enforcement to conduct unannounced inspections of properties where marijuana is grown; and

- required DPHHS to report to the Board of Medical Examiners the names of doctors who provide written certification for more than 25 patients in a 12-month period, so the board may review their practices.

The Montana Supreme Court upheld all of those provisions, but did rule that SB 423's ban on payment for marijuana and marijuana-infused products was unconstitutional.

#### DPHHS Response to Court Ruling

As the legal moves related to the Montana Supreme Court decision continued into the summer of 2016, DPHHS took steps to carry out the court's ruling. The agency began notifying cardholders and providers in July that they needed to make plans for adjusting to the limit of three patients per provider by August 31.

DPHHS sent providers a form for naming the three patients they would continue to serve and reminded the providers that if they were also registered cardholders, they could only grow marijuana or manufacture marijuana-infused products for two other people. The department also warned providers that if they did not fill out the form by August 1, DPHHS would assume that they no longer want to be a provider and would revoke their registrations as of August 31.

Patients were notified that they should prepare for the possibility of being dropped from a provider's list by either finding another eligible provider or becoming their own provider. For either option, the patients must submit a Registered Cardholder Information Change Form. Patients also were cautioned that if they choose to become their own provider, they must submit a Landlord Permission Form if they will be growing marijuana at a rental property.

DPHHS also determined that it would put the physician notification requirements into effect for physician statements signed after August 31. As soon as a doctor reaches 25 certifications, DPHHS will notify the Board of Medical Examiners of the doctor's name and the date the physician certified debilitating medical conditions for 25 patients.

#### Registry Statistics

Throughout the interim, the committee received regular updates on the number of patients, providers, and physicians listed in the marijuana registry.

At the time SB 423 was passed in 2011, about 31,500 people were registered as medical marijuana patients. That number fell significantly during the first year that the more stringent patient requirements were in effect. The number of registered patients reached a low of 7,099 in May 2013.

From June 2013 through early 2016, the number of patients increased fairly steadily before starting to fall off again in recent months. In March 2016, the registry listed 13,668 patients. By July, the number had dropped to 13,170. So by the end of the interim, the number of registered patients was

about 86 percent higher than at the low point of May 2013 but still 58 percent lower than when SB 423 went into effect.

The number of providers actually increased between the start and end of the interim, going from 442 providers in June 2015 to 488 in July 2016, as people were being notified of the impending change in provider requirements. Sixty-five percent of the providers had 10 or fewer patients at that point, while 26 providers — or 5 percent — were growing or manufacturing marijuana for more than 100 cardholders each. Those 26 providers were serving at least 5,096 of the cardholders, or 39 percent.

In July 2016, 205 doctors had provided written certifications for patients in the previous year, down 43 percent from the 362 doctors who were doing so in May 2011 when SB 423 went into effect. Of those, 182 provided certification to 20 or fewer patients each, while 23 had provided certification for more than 20 patients. Eleven of the doctors had more than 100 patients each and had provided certifications for at least 11,981 — or 91 percent — of the patients.

### Ballot Measures

The use of marijuana was also the subject of three proposed ballot measures during the interim — one to legalize marijuana, one to make all marijuana use illegal, and one to modify some of the provisions of SB 423. Only the latter initiative qualified for the ballot; it will go before voters this fall as Initiative 182.

Among other things, I-182 would:

- lift the limit on the number of patients each provider could have;
- eliminate unannounced inspections by law enforcement;
- remove the requirement for DPHHS to report to the Board of Medical Examiners on doctors who provide more than 25 written certifications in a year;
- remove the requirement for independent proof of chronic pain or confirmation by a second physician;
- allow providers to operate dispensaries and hire employees; and
- require the licensing of providers and testing laboratories. The initiative sets maximum licensing fees of \$1,200 for testing labs, \$1,000 for a provider with 10 or fewer patients, and \$5,000 for a provider with more than 10 patients.

To see all materials related to this topic, please click [here](#).

## Other Oversight Activities

The Children and Families Committee is required by law to monitor the activities of the Department of Public Health and Human Services. It also monitors emerging health and human services issues.

### **DPHHS Monitoring**

The 2015 Legislature passed two significant pieces of legislation that warranted ongoing attention from the committee during the interim. Senate Bill 405 expanded the state's Medicaid program as allowed under the federal Affordable Care Act to include nondisabled, childless adults between the ages of 18 and 65 whose gross income is at or below 138 percent of the federal poverty level. Senate Bill 411 required DPHHS to plan for closure of the Montana Developmental Center in Boulder, the state facility for seriously developmentally disabled individuals who have been committed to the facility in a civil proceeding or who have been sentenced to DPHHS custody after being convicted of a crime.

In addition, concerns over the high number of children in the foster care system and the ways in which abuse and neglect cases are handled focused attention on the department's Child and Family Services Division.

### *SB 405: Medicaid Expansion*

In order to expand the Medicaid program as envisioned by SB 405, DPHHS had to seek waivers from the federal Centers for Medicare and Medicaid Services. That's because SB 405 contained requirements that are not usually allowed in the Medicaid program. Those included the payment of premiums and copayments, disenrollment of individuals with incomes of 100 percent or more of the poverty level if they fail to pay premiums, and the use of health care providers designated by a third-party administrator that was hired to manage the provider network and pay claims.

State law related to so-called "research and demonstration waivers" requires that the committee review waiver applications before they are submitted. Thus the committee devoted time at its September 2015 meeting to hearing about the waiver elements and taking public comment.

The committee also reviewed administrative rules for carrying out the expansion, which went into effect January 1, 2016. And it heard a final report in August 2016 on the status of the program through June 2016. The report showed that:

- 47,399 people signed up for the expanded Medicaid program in the first six months it was available, with fewer than one-third of them receiving benefits administered through the third-party administrator, Blue Cross Blue Shield;

- 56 percent of the members had incomes of 50 percent or less of the federal poverty level, while 21 percent had incomes of 101 percent to 138 percent of the poverty level;
- 12 percent of the new Medicaid members were American Indian;
- during its first six months, the expanded Medicaid program paid for 11,727 preventive dental exams and 2,645 preventive/wellness exams; and
- providers serving any type of Medicaid member received more than \$121 million in Medicaid payments, compared to \$79.3 million in payments during the first six months of 2015. The payments may not reflect the full extent of services provided, because providers have 12 months to submit claims for payment.

The enrollment figures exceeded the administration's SB 405 fiscal note projections, which estimated that 25,860 people would enroll in Medicaid expansion in the first six months of 2016. Enrollment was 83 percent higher than projected for that time period and, in fact, exceeded the administration's long-term enrollment projection of 45,723 members by FY 2019.

Under the waivers approved by the federal government, individuals with incomes above 50 percent of poverty must pay premiums equal to 2 percent of their income. The report said that Medicaid members paid about \$1.2 million in premiums during the first six months of 2016, with premiums averaging \$26 a month.

Members with incomes above 100 percent of poverty may be removed from the program if they are more than 90 days past due on premiums. In June 2016, 1,435 people had exceeded that 90-day threshold, and 379 people had been removed from the program. Individuals are exempt from disenrollment if they meet two or more criteria in SB 405, including military service within the past 12 months, enrollment in any accredited Montana college, participation in workforce development programs, or participation in a wellness program approved by DPHHS.

The report noted that all new enrollees are provided information on the programs offered by the Department of Labor and Industry to meet the workforce development provisions of SB 405. The Department of Labor also conducts additional outreach efforts to new enrollees. Of the more than 47,000 new enrollees, 3,787 had completed the initial workforce survey and 565, or about 1 percent, had participated in at least one other activity to improve their workforce readiness.

The oversight committee recommended that the state continue to focus on enrolling American Indians, educate enrollees on being wise consumers of health care services, ensure that enrollees receive consistent information about the program, and begin evaluating utilization and cost trends, including the use of emergency room services and the effectiveness of premiums and copayments in promoting personal responsibility.

SB 411: Closure of the Montana Developmental Center

Throughout the interim, the committee heard updates on the census of the Montana Developmental Center and the activities of the MDC Transition Planning Committee. SB 411 required DPHHS to work with an advisory group and prepare a plan for closing the facility by the end of 2016.

Over the course of the interim, DPHHS officials worked on moving individuals from MDC into community settings. The census stood at 52 in June 2015; by early in August 2016, it was 32. Eighteen of the clients still at MDC in August had been placed at MDC through involuntary commitment proceedings in which they had been found to pose a danger to themselves or others. Six had been convicted of crimes and sentenced to DPHHS custody for placement in an appropriate facility. The remaining eight clients were at MDC voluntarily because their civil commitment orders had expired but they had not been accepted into community services.

All but four of the individuals who left MDC during the interim were placed in community services with providers who had agreed to serve the clients for at least 12 months in return for an enhanced payment in addition to the cost of the services the clients needed. A.W.A.R.E., Inc., agreed in January 2016 to accept 21 clients with enhanced payments of \$60,000 each. By August, it had placed 11 of the individuals in group homes in Butte and Great Falls. Quality Life Concepts of Great Falls and Flathead Industries of Kalispell had each accepted two clients, with enhanced payments of \$40,000 each. Benchmark, an Indiana provider new to Montana, received an enhanced payment of \$40,000 for a client who was placed in services in Indiana. Of the other clients who left by early August, one was placed at the Montana Mental Health Nursing Care Center in Lewistown, one left for self-directed services, one who had been criminally committed was transferred to the Montana State Prison, and one who was on a temporary placement was discharged.

DPHHS estimates that the cost of the community services and the one-time enhanced payments totaled about \$7 million for the individuals who had been placed to date.

As the number of MDC clients decreased, so did the number of staff members. In May 2015, just after the end of the legislative session, MDC had 226 total employees, including 114 direct care providers. As of early August 2016, the staffing levels had fallen by 50, to 176 employees. Forty-two of the 50 positions involved direct-care employees.

In addition to moving individuals into the community, the administration developed a plan approved by the Transition Planning Committee for a continuum of care for people who would otherwise have been placed at MDC. The plan calls for:

- opening several four-bed group homes that will be operated by the state, possibly in Boulder and Helena;



- keeping a 12-bed fenced and locked building on the MDC campus open as a “safety-net” facility for individuals who can’t be served in the community;
- submitting a Medicaid waiver proposal to the federal government to serve up to 50 individuals in need of intensive services with a more flexible payment system that provides a higher rate than is paid under the current waiver for community services;
- providing crisis response training at the local level; and
- contracting with an out-of-state facility to serve individuals who can’t be served in Montana.

The department was still reviewing sites for state-run group homes in mid-August and did not have a specific timeline for opening those homes. It also was researching options for a contract with an out-of-state facility. It plans to have the proposed Medicaid waiver out for public review by the end of October and to submit it for federal approval by January 1, 2017. Federal approval could take 90 days or more, depending on whether the Centers for Medicare and Medicaid Services requests additional information from the state.

In other action related to closure of the facility, the state:

- agreed to pay the town of Boulder about \$315,000 over the next five years to help the town repay a loan it obtained to upgrade the town’s wastewater treatment system, primarily to meet the needs of the MDC campus;
- paid unionized direct-care employees double overtime for overtime shifts worked during the interim so that the direct-care shifts would be covered as employees left MDC for other jobs; and
- said it will ask the 2017 Legislature for a one-time appropriation of \$500,000 for a Boulder Development Fund that the town could use to support its economic future.

### Child and Family Services Division

High caseloads, high-profile cases, and concerns from vocal grandparents drew attention to the state’s child protective services from the very beginning of the interim. During the public comment period at the committee’s first meeting in June 2015, several individuals raised concerns about the ways in which individual cases have been handled. The issue came up at subsequent meetings, prompting the committee to devote time during its January 2016 meeting to hearing from state officials as well as concerned grandparents.

By that time, Gov. Bullock had announced that DPHHS was hiring 33 new staff members for the Child and Family Services Division to try to alleviate pressures on caseworkers. He also created the

Protect Montana Kids Commission in September 2015, charging the group with reviewing the child protective services system and making recommendations for change.

At the January meeting, the committee heard from:

- Will Soller of the Legislative Audit Division, who discussed a performance audit of the Child and Family Services Division that recommended improvements in five areas;
- Sarah Corbally, then-administrator of the Child and Family Services Division, who provided a general overview of the increase in child abuse and neglect cases in recent years and outlined the steps the division had taken to implement most of the audit recommendations;
- Ali Bovingdon, the governor's deputy chief of staff, who discussed the work of the Protect Montana Kids Commission to that point;
- Traci Shinabarger, the state's child and family ombudsman, who said the office handled 194 contacts about cases from December 2014 through December 2015; and
- Cleve Loney, a former Great Falls legislator and spokesman for the Grandparents Protective Society. He said that many relatives of children in the system feel that the department does not listen to their concerns and retaliates against them if they question the way cases are being handled.

Following the presentations, the committee agreed to send a letter to Gov. Bullock asking that a legislator be appointed to the Protect Montana Kids Commission. The governor appointed Democratic Rep. Chuck Hunter of Helena to the panel in February.

The Protect Montana Kids Commission issued its final report on May 31, making numerous recommendations for administrative and statutory changes related to both short-term and long-term goals. Many of the recommendations would require increased funding.

Gov. Bullock issued a memo on July 1 directing DPHHS Director Richard Opper to begin putting some of the recommendations into effect immediately, including suggestions for increased staffing, improved communication with stakeholders, and additional staff training. He also said DPHHS will contract with the Council on Accreditation to conduct an assessment of the Child and Family Services Division to see what changes would be needed for the state to meet accreditation standards.

## Other Health and Human Services Monitoring

### Pain Patients' Bill of Rights

Concerned about regulatory actions against doctors who had treated chronic pain, a group known as Pained Lives Matter asked for time to discuss a proposed Pain Patients' Bill of Rights with the committee.

Terri Anderson of Hamilton and Casey Brock of Glendive told the committee in March that the group has three goals: promoting safe, effective, noninvasive treatment of pain patients; educating health care providers and patients about what they believe are unfounded claims about opioid overdoses in Montana; and helping Montana pain patients access health care providers, including alternative treatments as the first step to treating pain. They also outlined their concerns with the Montana Medical Association's "Know Your Dose" campaign, which provides information to both doctors and patients on opioid abuse, addiction, and treatment.

The speakers also outlined the elements of a Pain Patients' Bill of Rights that they hope will be introduced in the 2017 Legislature. Among other things, the bill states that inadequate treatment of pain is a significant public health crisis; pain management and opioid therapy is the single most important treatment that a medical practitioner can provide to patients with chronic or intractable pain; practitioners treating chronic pain patients may prescribe dosages of opioids that are medically necessary to relieve the pain; and medical licensing boards should assure Montanans who need narcotic pain relief that it won't be denied because of a practitioner's real or perceived fears of disciplinary action for prescribing narcotics.

A number of Montanans suffering from chronic pain spoke in favor of the proposed bill of rights. Montana Medical Association representatives said they support access to treatment for patients with chronic pain and recognize that opioids have a role in pain treatment. However, they also said the Know Your Dose website exists to help providers understand how to manage chronic pain safely and effectively.

### Patient-Centered Medical Homes

Senate Bill 84 in 2013 authorized the creation of a pilot project for patient-centered medical homes, which focus on a team approach to care for certain patients in an effort to manage chronic conditions and improve health outcomes. The model allows health care providers to receive enhanced payments for managing the patients' care.

SB 84 also required participating health care providers to commission a study on the cost savings generated by the patient-centered medical home model and present the findings to the committee at the end of the interim. Bryce Ward of the University of Montana Bureau of Business and Economic Research presented the report in August 2016 but cautioned that the information available to date was too limited to evaluate whether the pilot project had resulted in savings.

The report noted that patients participating in the model were approaching national targets for blood pressure control, blood sugar levels for diabetes patients, and tobacco cessation efforts and were above the national and state averages for childhood immunizations. However, data on the use of emergency departments were inconclusive at this point. Ward noted that quantifying cost savings is difficult in the absence of information that shows what would have happened if the medical homes model had not been in place.

However, Ward said that the best evidence in support of the program at this point is the fact that insurers and providers participating in the pilot project believe it has improved patient health and has the potential to save money. Those stakeholders are hoping that the pilot project will be extended by the 2017 Legislature.



## APPENDICES

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## APPENDIX A: Summary of Committee Legislation

The committee approved the following bills for introduction in the 2015 Legislature:

- LC 170, to require Medicaid reimbursement of drug therapy management provided by clinical pharmacist practitioners;
- LC 171, to eliminate certain DPHHS advisory councils that are no longer active and agency reports that are no longer published;
- LC 172, to create a \$240,000 grant program to train volunteers to provide respite care to individuals with Alzheimer's disease or other dementias;
- LC 278, to create financial protections for vulnerable individuals;
- LC 279, to appropriate \$1.5 million to the Department of Public Health and Human Services to allocate to area agencies on aging for services to individuals with Alzheimer's disease or other dementias;
- LC 280, to increase the number of Medicaid home and community-based services waiver slots and increase Medicaid reimbursement rates for assisted living facilities and memory care; and
- LC 281, to create a working interdisciplinary network of guardianship stakeholders (WINGS) and establish a grant program for public guardianship services.



## APPENDIX B: Summary of Presentations

Committee members heard from a number of stakeholders while working on their assigned studies and their agency monitoring activities. Following is a list of the topics discussed at each of the meetings and the people who provided information during formal presentations.

### HB 422 STUDY: CHILDREN'S MENTAL HEALTH OUTCOMES

Sept. 14, 2015

Montana's Publicly Funded Mental Health System

*Zoe Barnard, Chief, DPHHS Children's Mental Health Bureau*

*Jo Thompson, Chief, DPHHS Member Health Management Bureau*

Children's Mental Health Through the Public Health Lens

*Jani McCall, Legacy Provider Group and the Montana Children's Initiative*

*Jeff Folsom, A.W.A.R.E., Inc.*

Nov. 19-20, 2015

Evidence-Based Practices and Outcomes Measurement

*Tim Conley, Clinical and Research Consulting, Missoula*

*Scott Sells, Model Developer, Parenting with Love and Limits*

Jan. 11, 2016

Performance-Based Contracting (by phone)

*Pat Nygaard, Quality and Performance Manager, Children's Mental Health Division,  
Minnesota Department of Human Services*

*Susan Mitchell, Executive Director, Network Development, Office of Child Programs,  
Tennessee Department of Children's Services*

*Marty Nelson, Clinical Services Officer and Senior Administrator, Social and Clinical  
Services Division, Wyoming Department of Family Services*

March 10-11, 2016

Outcomes Proposals from Providers

*Jani McCall, Legacy Provider Group and Yellowstone Boys and Girls Ranch*

*Jeff Folsom, A.W.A.R.E., Inc.*

Data Collection and Analysis

*Zoe Barnard, Chief, DPHHS Children's Mental Health Bureau*

*Bob Peake, Director of Youth Court Services, Office of the Court Administrator*

May 9, 2016

Information Collection and Databases

*John Daugherty, Administrator, Information Technology Division, Department of Corrections*

*Beth McLaughlin, Court Administrator*

*Stuart Fuller, Administrator, DPHHS Technology Services Division*

*Ron Baldwin, Chief Information Officer, State of Montana*

June 20, 2016

Information Collection and Databases (by phone)

*James Mantell, Vice President, NetReflector, Inc.*

*Scott Green, NetSmart*

Aug. 25-26, 2016

Provider Update

*Jim FitzGerald, Intermountain*

## **SB 418: LEGISLATIVE MENTAL HEALTH INVESTMENTS**

Sept. 14, 2015

Department of Public Health and Human Services Activity to Date

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

*Zoe Barnard, Chief, DPHHS Children's Mental Health Bureau*

Measurement of Mental Health Objectives

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

Nov. 19-20, 2015

DPHHS Update

*Zoe Barnard, Chief, DPHHS Children's Mental Health Bureau*

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

March 10-11, 2016

DPHHS Update

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

*John Glueckert, Administrator, Montana State Hospital*

Provider Perspective

*Danielle Harden, Executive Director, Western Montana Mental Health Center*

*Lyle Seavy, Director of Psychiatric Services, Billings Clinic*

*Pete Snyder, Regional Director of Psychiatric Services, Providence St. Patrick Hospital*

*Eric Bryson, Chief Administrative Officer, Lewis and Clark County*

May 9, 2016

DPHHS Update

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

Clinical Pharmacy Practitioners

*Carla Cobb, RiverStone Health, Billings*

Community Crisis Services Funding

*Teresa Nichols, Western Montana Mental Health Center*

June 20, 2016

LCCF12: Clinical Pharmacist Practitioners

*Carla Cobb, RiverStone Health, Billings*

DPHHS Update

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

Aug. 25-26, 2016

DPHHS Update

*Glenda Oldenburg, Administrator, DPHHS Addictive and Mental Disorders Division*

*Zoe Barnard, Chief, Children's Mental Health Bureau*

HB 147: Youth Diversion Grants

*Amie Havner, Project Coordinator, Yellowstone Youth Crisis Network*

*Sheila Smith, Director, Stillwater Therapeutic Services*

*Geoff Birnbaum, Executive Director, Montana Youth Homes*

**SJR 22 STUDY: GUARDIANSHIP LAWS/ALZHEIMER'S DISEASE**

Sept. 14, 2015

Overview of Legal Proceedings

*Jon McCarty, Attorney, Great Falls*

*Douglas Day, Regional Deputy Public Defender, Lewistown*

*Judge Mike Menahan, First Judicial District, Helena*

Overview of State Role and Services

*Kelly Williams, Administrator, DPHHS Senior and Long Term Care Division*

*Valerie Bashor, DPHHS Attorney*

Nov. 19-20, 2015

Guardianship Services at the Local Level

*Kristie Asay, Chairman, Yellowstone County Guardianship Council*

*Todd Wood, Director, Area II Agency on Aging*

*Melissa Stiegler, Executive Director, Western Montana Chapter*

*Karen Baker, Operations Manager, Western Montana Chapter*

Introduction to Alzheimer's Disease and Other Dementias

*Lynn Mallowney, Alzheimer's Association, Montana Chapter*

*Dr. Pat Coon, Billings Clinic*

Jan. 11, 2016

Guardianship: National Reform Standards (by phone)

*Erica Wood, Assistant Director, ABA Commission on Law and Aging*

Alzheimer's Disease: Less Restrictive Alternatives

*Kelly Williams, Administrator, DPHHS Senior and Long Term Care Division*

March 10-11, 2016

Alzheimer's Work Group Update

*Dr. Pat Coon, Billings Clinic*

*Claudia Clifford, Advocacy Director, AARP Montana*

Guardianship Training and WINGS Programs (by phone)

*Julia Nack, National Master Guardian, Director of Volunteer Guardian Program,  
Central Ohio Area on Aging*

*Shirley Bondon, Health and Aging Policy Fellow Manager, Washington Office of  
Guardianship and Elder Services*

Ethics and Standards for Guardians (by phone)

*Terry Hammond, Chair of State Affairs Committee, National Guardianship Association*

Financial Protections

*Meghann McKenna, McKenna Financial, Bozeman*

*Jesse Laslovich, Chief Counsel, State Auditor's Office*

May 9, 2016

WINGS Programs

*Beth McLaughlin, Court Administrator*

Committee Q&A with Alzheimer's Work Group Members

*Dr. Pat Coon, Billings Clinic*

*Claudia Clifford, AARP Montana*

Aug. 25-26, 2016

Financial Protections Panel Discussion

*Bill Warden, National Association of Insurance and Financial Advisors*

*Lynne Egan, Deputy Securities Commissioner*

## **AGENCY MONITORING**

Sept. 14, 2015

SB 405: Medicaid Expansion – Overview of Waiver Proposals and RFP

*Marty Dalton, State Medicaid Director*

Jan. 11, 2016

Child and Family Services Division

Legislative Performance Audit: *Will Soller, Legislative Audit Division*

CFSD Audit Response and Division Update: *Sara Corbally, CFSD Administrator*

Protect Montana Kids Commission: *Ali Bovingdon, Deputy Chief of Staff, Governor's Office*

Child and Family Ombudsman Report: *Traci Shinabarger, Department of Justice*

Grandparent Concerns: *Cleve Loney, Great Falls*

Forensic Mental Health Facility at Galen

*Dan Villa, Director, Office of Budget and Program Planning*

Developments Related to the Montana Developmental Center

*Mary Dalton, Manager, DPHHS Medicaid and Health Services Branch*

May 9, 2016

Protect Montana Kids Commission Update

*Ali Bovingdon, Deputy Chief of Staff, Governor's Office*

Emergency Protective Services Statutes

*Bob Runkel, Manager, DPHHS Economic Security Branch*

*Detective Capt. Arlyn Greydanus, Gallatin County Sheriff's Office*

Aug. 25-26, 2016

Office of Indian Health

*Mary Lynne Billy-Old Coyote, Director*

Protect Montana Kids Commission Report

*Bob Runkel, Manager, DPHHS Economic Security Services Branch*

Suicide Prevention Report/Suicide Review Team

*Karl Rosston, DPHHS Suicide Prevention Coordinator*

HELP Act Oversight Committee Report

*Jessica Rhoades, DPHHS Policy Director*

**OVERSIGHT OF HEALTH AND HUMAN SERVICES MATTERS**

Nov. 19-20, 2015

Tour and Overview of Billings Community Crisis Center

*Marcie Neary, Program Director*

Psychiatric Training Track Proposal

*Dr. Eric Arzubi, Billings Clinic*

March 10-11, 2016

Psychiatric Training Track Proposal Update

*Dr. Eric Arzubi, Billings Clinic*

Pain Patients' Bill of Rights

*Casey Brock, Glendive*

*Terri Anderson, Hamilton*

Aug. 25-26, 2016

Patient-Centered Medical Homes

*Bryce Ward, Ph.D., Health Care Research Team, UM Bureau of Business and Economic Research*

## APPENDIX C: Summary of Staff-Prepared Reports

### **HB 422 STUDY: STATE-OPERATED INSTITUTIONS**

Overview of the Children’s Mental Health System, August 2015  
Continuum of Children’s Mental Health Services, August 2015  
Measuring for Performance, December 2015  
Overview of Performance-Based Contracting, December 2015  
Mid-Study Review, January 2016  
Pilot Project Elements, March 2016  
Database Options, May 2016  
Summary of Recommendations to Date, June 2016  
Questions for Committee Consideration, June 2016

### **SB 418 STUDY: LEGISLATIVE MENTAL HEALTH INVESTMENTS**

Summary of 2015 Legislative Action, August 2015  
Continuum of Mental Health Services, August 2015  
Measurement Requirements of SB 418  
County and Youth Diversion Grant Awards, November 2015  
Civil Admission to the Montana State Hospital FY 2004-FY 2015, March 2016  
Funding Sources for Community Services, May 2016

### **SJR 22 STUDY: GUARDIANSHIP LAWS/ALZHEIMER'S DISEASE**

Overview of State Laws, August 2015  
Uniform Laws & Montana’s Guardianship Laws: Looking Back and Looking Forward, December 2015  
Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS), February 2016  
Considerations and Decision Points Related to LCCF03-LCCF07, May 2016  
LCCF07 Options: Considerations and Decision Points, June 2016  
LCCF6a: Considerations and Decision Points, June 2016

### **SB 423 MONITORING: MONTANA MARIJUANA ACT**

SB 423 Developments Through May 2015, May 2015  
SB 423 Developments Through August 2015, August 2015  
SB 423 Developments Through Mid-November 2015, November 2015  
Montana Supreme Court Synopsis: MTCIA v. State of Montana, March 2016  
Summary Chart: Decisions in MTCIA v. State, March 2016

### **AGENCY OVERSIGHT**

SB 411: MDC Client Status  
Published in August, November, and December 2015 and February, April, June, and August 2016  
SB 405: Summary of Waiver Request, August 2015  
SB 405: Third-Party Administrator RFP, September 2015  
HB 142 Review of Statutory Advisory Councils and Reports, November 2015  
HB 142: Summary of DPHHS Advisory Councils and Reports, March 2016  
Recent Legislative Action on Pain Management, March 2016  
State Laws on Emergency Removal of Children, May 2016

*Copies of staff reports are available on the committee’s website, at [www.leg.mt.gov/cfhhs](http://www.leg.mt.gov/cfhhs). To find reports specific to one of the studies, click on “Committee Topics” on the right-hand side of the page and then select the appropriate study topic.*

# APPENDIX D: Committee Resolution—PMK Commission



## Children, Families, Health, and Human Services Interim Committee

### 64th Montana Legislature

PO BOX 201706  
Helena, MT 59620-1706  
(406) 444-3064  
FAX (406) 444-3036

#### SENATE MEMBERS

MARY CAFERRO—Vice Chair  
FREDERICK ( ERIC ) MOORE  
DIANE SANDS  
ROGER WEBB

#### HOUSE MEMBERS

RON EHLI—Chair  
JESSICA KARJALA  
ALBERT OLSZEWSKI  
GORDON PIERSON

#### COMMITTEE STAFF

SUE O'CONNELL, Lead Staff  
ALEXIS SANDRU, Staff Attorney  
FONG HOM, Secretary

WHEREAS, Governor Bullock in October of 2015 signed an executive order establishing the Protect Montana Kids Commission; and

WHEREAS, one of the two subcommittees of the commission is charged with recommending statutory changes to be made in the 2017 legislative session; and

WHEREAS, there is no legislative representation on the committee; and

WHEREAS, it is in the best interest of Montana's at-risk children that the legislative and executive branches work together on this important issue.

THEREFORE BE IT RECOMMENDED that the Children, Families, Health, and Human Services Interim Committee requests that the Governor amend his executive order to add a sitting legislator with experience in health and human services to the commission.

Adopted by the Children, Families, Health, and Human Services Interim Committee on January 11, 2016.  
Transmitted to the governor on January 12, 2016.

Cl0425 6012soxb.

MONTANA LEGISLATIVE SERVICES DIVISION STAFF: SUSAN BYORTH FOX, EXECUTIVE DIRECTOR • DAVID D. BOHYER, DIRECTOR, OFFICE OF RESEARCH AND POLICY ANALYSIS • TODD EVERTS, DIRECTOR, LEGAL SERVICES OFFICE • DALE GOW, CIO, OFFICE OF LEGISLATIVE INFORMATION TECHNOLOGY • JOE KOLMAN, DIRECTOR, LEGISLATIVE ENVIRONMENTAL POLICY OFFICE