

**HB 142 REVIEW
OF STATUTORY ADVISORY COUNCILS AND REPORTS
FOR THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

**Prepared for the
Children, Families, Health, and Human Services Interim Committee**

by
Sue O'Connell, Staff Research Analyst

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Legislative Services Division
PO Box 201706
Helena, MT 59620-1706
PHONE: (406) 444-3064
FAX: (406) 444-3036
<http://leg.mt.gov/>

INTRODUCTION

House Bill 142, approved by the 2011 Legislature, requires interim committees to review advisory councils and agency reports that have been created by law for the agencies under their jurisdiction. The interim committees are to make recommendations to the next Legislature on retention or elimination of any of the councils or reports.

Under HB 142, the Children, Families, Health, and Human Services Interim Committee is required to review councils and reports related to the Department of Public Health and Human Services (DPHHS).

Nineteen advisory councils, committees, coalitions, or commissions exist in statute to advise DPHHS on items ranging from mental health services to services for senior citizens and for people with disabilities. DPHHS also is required to submit 20 reports to the Legislature or legislative committees.

During the 2011-2012 interim, DPHHS recommended eliminating seven councils and six reports. Stakeholders also suggested elimination or modification of two councils. However, past interim committees have decided against introducing any legislation to repeal or revise statutes related to the DPHHS councils and reports.

In This Report

This report provides a starting point for committee discussion of advisory councils and required reports during the 2015-2016 interim.

Material in the report is organized as follows:

- Page 3 contains a summary list of the advisory councils and required reports;
- Pages 5 through 13 provide detail about each advisory committee, categorized by committees that are currently active, committees operating under temporary authority, and committees that either have not met in more than a year or have not been appointed because the activity that would require their creation has not yet occurred;
- Pages 15 through 19 provide details of the required reports, categorized by reports that are currently being submitted and those that have not been submitted in recent years;
- Pages 21 through 22 list past recommendations by DPHHS and stakeholders; and
- Page 23 contains options for committee action this interim.

Statutorily Required Advisory Groups

Active	Temporary	Inactive
<ol style="list-style-type: none"> 1. Advisory Council on Aging 2. Advisory Council on Food Safety 3. Board of Public Assistance 4. Children's System of Care Planning Committee 5. Committee on Telecommunications Access 6. Mental Health Oversight Advisory Council 7. Montana Health Coalition 8. Regional Trauma Care Committees 9. Service Area Authorities 10. Trauma Care Committee 11. Traumatic Brain Injury Advisory Council 	<ol style="list-style-type: none"> 12. MDC Transition Planning Committee (sunsets no later than June 30, 2017) 13. HELP Act (Medicaid Expansion) Oversight Committee (sunsets June 30, 2019) 14. Montana Suicide Review Team (sunsets June 30, 2016) 	<ol style="list-style-type: none"> 15. Child Support Enforcement Advisory Board 16. Commission on Provider Rates and Services 17. Community Health Centers Advisory Group 18. Medicaid Managed Care Advisory Council 19. Montana 2-1-1 Community Coalition

Statutorily Required Reports

Currently Provided	Newly Required Reports	Not Currently Provided
<ol style="list-style-type: none"> 1. Trauma System Report 2. Marijuana Registry Information 3. Out-of-State Placement of Children with Mental Health Needs 4. Older Montanans Trust Fund 5. Medicaid Section 1115 Waiver Requests 6. TANF Parents as Scholars Report 7. Medicaid Report 8. Suicide Reduction Plan 	<ol style="list-style-type: none"> 9. Office of the Child and Family Ombudsman Report 10. Use and Outcomes of Youth Crisis Diversion Grants (one-time report) 11. HELP Act (Medicaid Expansion) Report (optional) 12. Patient-Centered Medical Homes Report (one-time report) 13. MDC Transition Planning Committee Report (optional) 	<ol style="list-style-type: none"> 14. Community Health Center Grants Report 15. Statewide 2-1-1 Calling System 16. Effectiveness of Medicaid Managed Care Standards 17. Medicaid Managed Care Report 18. Prescription Drug Discount Program 19. Recommendations of the Commission on Provider Rates and Services 20. Mental Health Services for Children with Serious Emotional Disturbance

STATUTORY ADVISORY COUNCILS

The requirements of each of the DPHHS advisory groups are established in law, as are many of the duties. Following are individual summaries for the advisory groups that are currently active.

Advisory Council on Aging

Statutory Authority: 2-15-232 and 2-15-2206, MCA

Established: 1983

Purpose:

- Advise the Governor's coordinator of aging and DPHHS in planning, coordinating, and operating state programs that affect senior citizens

Membership:

- Eleven members appointed by the governor
- A majority of members must be 60 years of age or older
- Members serve three-year terms

Duties and Activities:

- Assist DPHHS with planning of the annual Governor's Conference on Aging
- Review the State Plan on Aging
- Follow issues at the local, state, and federal levels that affect senior citizens
- Raise funds for mini-grants that are awarded at the annual Conference on Aging
- Assist in reviewing mini-grant applications and recommending grant funding

Advisory Council on Food Safety

Statutory Authority: 50-50-103, MCA

Established: 2003

Purpose:

- Assist DPHHS in matters related to retail food establishments

Membership:

- Six members appointed by the DPHHS director, representing food establishments and state and local governments
- Members serve two-year terms

Duties and Activities:

- Review administrative rule and legislative proposals related to Title 50, Chapter 50, MCA
- DPHHS is required to inform the Legislature of the council's comments

Board of Public Assistance

Statutory Authority: 2-15-2203 and 53-2-606, MCA

Established: 1937

Purpose:

- Review proposed decisions on public assistance

Membership:

- Three members appointed by the governor, none of whom may be DPHHS employees

Duties and Activities:

- Review and decide denials of public assistance if denial is appealed
- Provide people who have filed appeals with an opportunity for a fair hearing

Children's System of Care Planning Committee

Statutory Authority: 52-2-303 and 52-2-304, MCA

Established: 1993

Purpose:

- Develop an integrated system of services for seriously emotionally disturbed youth at risk for out-of-home placement and in need of services from more than one agency

Membership:

- Eight members as set out in law, all representing state agencies and programs
- DPHHS director may appoint additional members, including members of the public
- Statutory members appointed by state agencies

Duties and Activities:

- Develop policies to eliminate or reduce barriers to creating a system of care
- Promote development of an array of services that allow youth to remain in state
- Encourage development of local interagency teams
- Specify outcome measures to evaluate the effectiveness of the system of care
- Coordinate responsibility for the development of a stable system of care
- Provide training and technical assistance opportunities throughout the state

Children's Trust Fund Board

Statutory Authority: 2-15-2214 and Title 52, Chapter 7, Part 1, MCA

Established: 1985

Purpose:

- Reduce and eliminate the mistreatment of Montana children

Membership:

- Seven members appointed by the governor, two of whom must be chosen from state government agencies involved in education and social work relating to children
- Members serve three-year terms, but may be reappointed

Duties and Activities:

- Administer the child abuse and neglect prevention program

Committee on Telecommunications Access Services for Persons with Disabilities

Statutory Authority: 2-15-2212, MCA, and Title 53, Chapter 19, Part 3

Established: 1989

Purpose:

- Oversee the state program that provides equipment allowing people with disabilities to use a standard telephone and to contact emergency services and public safety agencies

Membership:

- 13 members appointed by the governor as specified in statute
- Members serve three-year terms

Duties and Activities:

- Establish policies and procedures for administration of the program
- Analyze and approve the program budget and monitor program expenditures
- Contract with qualified providers to design and put in place telecommunications relay programs that meet the needs of persons with disabilities
- Conduct outreach activities, as mandated by the Federal Communications Commission

Mental Health Oversight Advisory Council

Statutory Authority: 53-21-702, MCA

Established: 1999

Purpose:

- Provide input to DPHHS in developing and managing a public mental health system

Membership:

- Eighteen members appointed by DPHHS
- Half of the council members must be mental health services consumers, former recipients of mental health services, or immediate family members of recipients of mental health services
- Other members include advocates for mental health consumers and their families, mental health providers, legislators, the public, and DPHHS representatives
- Appointments must satisfy federal requirements for state oversight entities
- Members serve four-year terms

Duties and Activities:

- Provide the Legislative Finance Committee (and other interim committees, if designated) with summaries of each meeting and recommendations made to DPHHS. (DPHHS must provide the committees with its rationale for not accepting or implementing any council recommendation.)
- Review and make recommendations on the state's plan for federal mental health funds
- Advocate for adults with mental illness and for seriously emotionally disturbed children
- Monitor, review, and evaluate at least annually the allocation and adequacy of mental health services in Montana

Montana Health Coalition

Statutory Authority: 53-2-215, MCA

Established: 2005

Purpose:

- Review certain Medicaid waiver proposals before submission to the federal government

Membership:

- No specific requirements for membership, other than inclusion of consumer advocates
- Members serve two-year terms and may be reappointed

Duties and Activities:

- Review section 1115 Medicaid waiver proposals
- Hear and provide comment on health care topics in order to promote short- and long-range planning for state health needs, particularly the needs of low-income residents
- Review and offer advice on other health care initiatives and proposals dealing with state health issues and services

Other Information:

- Meets the federal requirement for a group that advises DPHHS and Medicaid administrators about health and medical care services
- Federal regulation establishes requirements for membership of federally required advisory group, including physicians, other health professionals, and consumer groups

Regional Trauma Care Advisory Committees

Statutory Authority: 50-6-411, MCA

Established: 1995

Purpose:

- Reduce the incidence of trauma injuries in Montana and promote and advance excellence in the care of injured patients

Membership:

- Designated trauma facility appoints members
- Members include representatives from both designated and nondesignated hospitals
- Members serve four-year terms, may be removed for cause, and may be reappointed
- Members receive no compensation for services or reimbursement for expenses

Duties and Activities:

- Establish standards, policies, procedures, and protocols for regional trauma care system
- Conduct regional quality care improvement and make recommendations to regional trauma care facilities based on reports provided by DPHHS
- Advise the Trauma Care Committee regarding Montana's trauma care system
- Establish trauma care education and prevention programs
- Advise health care facilities and providers about trauma care
- Perform other duties required by DPHHS and conduct other activities to ensure quality trauma care

Service Area Authorities

Statutory Authority: Title 53, Chapter 21, Part 10, MCA

Established: 2003

Purpose:

- Collaborate with DPHHS and Local Advisory Councils (LACs) for regional planning and oversight of mental health services within a service area
- Promote consumer and family leadership within the mental health care system in order to advance access to a continuum of mental health services and individual choice of services and providers

Membership:

- DPHHS approves a leadership committee within each service area, which in turn establishes a board and adopts bylaws
- Leadership committee elects board members, who serve terms of one to three years
- Regional members are not appointed or elected — membership is open
- Members include providers, county commissioners, representatives of LACs, mental health consumers, and family members of consumers

Duties and Activities:

- Receive proposals and/or recommendations from LACs on matters affecting local communities
- Serve in a collaborative and planning role for DPHHS

Tobacco Prevention Advisory Board

Statutory Authority: 17-6-610, MCA

Established: By passage of Initiative 146 in 2002

Purpose:

- Gather information and advise DPHHS regarding administration of the Tobacco Use Prevention Program established pursuant to 17-6-606, MCA

Membership:

- Fifteen members appointed by the DPHHS director, none of whom may have been paid by the tobacco industry during the 10-year period preceding appointment
- Members serve three-year terms, subject to reappointment for one succeeding term

Duties and Activities:

- Gather information, make recommendations regarding appropriations from the state special revenue accounts, and provide input related to administration of the Tobacco Use Prevention Program

Trauma Care Committee

Statutory Authority: 2-15-2216 and 50-6-404, MCA

Established: 1995

Purpose:

- Reduce the incidence of injuries due to trauma and promote and advance excellence in the care of an injured patient

Membership:

- Health care representatives appointed by the governor
- Members serve four-year terms and may be reappointed

Duties and Activities:

- Provide direction to DPHHS regarding trauma care, implementation of a hospital data collection system, and a statewide quality improvement system for trauma care
- Analyze the effect of the trauma care system on patient care, morbidity, and mortality
- Oversee and provide recommendations to the regional trauma care advisory committees

Traumatic Brain Injury Advisory Council

Statutory Authority: 2-15-2217, MCA

Established: 2003

Purpose:

- Advise DPHHS on ways to improve and develop services and use available funding
- Encourage research, public awareness, education, and prevention activities

Membership:

- Nine members, three of whom represent state agencies and six representing the public as specified in statute
- Governor appoints public members
- Public members serve three-year terms

Duties and Activities:

- Discuss issues of concern to the field of traumatic brain injury
- Work with the Brain Injury Association of Montana and the prevention staff at DPHHS
- Make recommendations to DPHHS on matters involving traumatic brain injury

Temporary Advisory Councils

The following councils will sunset unless the Legislature acts to extend them.

Montana HELP Act Oversight Committee

Statutory Authority: 53-6-1316

Established: 2015

Sunsets: June 30, 2019

Purpose:

- Provide oversight of implementation of the Montana Health and Economic Livelihood Partnership (HELP) Act, which expanded Medicaid to nondisabled adults with incomes at or below 138 percent of the federal poverty level

Membership:

- Nine voting members, five appointed by the governor and four by legislative leadership
- Governor's appointees must represent entities specified in law
- Three ex-officio members representing the state Medicaid director, the commissioner of labor and industry, and the third-party administrator for the expansion group
- Members serve four-year terms; legislators who are no longer in office must be replaced

Duties and Activities:

- Review data on the Medicaid program, the delivery of health care services in Montana, and DPHHS and Department of Labor and Industry activities related to the health care and workforce development requirements of the law
- Review and provide comment on proposed administrative rules
- Review a number of items, including the way in which the law is being carried out, options for reducing inappropriate use of emergency departments, ways to promote appropriate use of health care services, and ways to reduce fraud and waste in the Medicaid program
- Report to the governor and Legislative Finance Committee each biennium

Montana Suicide Review Team

Statutory Authority: 53-21-1105 through 53-21-1110, MCA

Established: 2013

Sunsets: June 30, 2016

Purpose:

- Study the incidence and causes of suicides in Montana
- Make recommendations for changes that may prevent future deaths

Membership:

- Six members appointed by the governor as specified in statute
- Members serve three-year terms and may be reappointed

Duties and Activities:

- Review the records and circumstances related to suicides
- Compile statistics related to suicides for use in reports published by DPHHS
- Analyze the causes of suicides
- Recommend measures to prevent future suicides
- Report to the governor each biennium on the team's work and recommendations

Transition Planning Committee

Statutory Authority: Section 2, Ch. 444, L. 2015

Established: May 2015

Sunsets: June 30, 2017

Purpose:

- Help DPHHS plan for the closure of the Montana Developmental Center (MDC)

Membership:

- 15 members, 11 appointed by the governor to represent specific constituencies and four appointed by legislative leadership
- Members serve four-year terms; legislators who are no longer in office must be replaced

Duties and Activities:

- Design and recommend to DPHHS a plan to close MDC and transition residents to community-based services
- Propose a rate structure for community providers and identify potential sources of funding
- Recommend community-based services needed to allow for closure of MDC
- Identify potential options for repurposing the MDC campus
- Recommend workforce planning and transition options for MDC staff
- Recommend secure facilities as needed to allow for closure of MDC

Inactive Advisory Councils

Some advisory bodies established in statute have not been active in recent years. Those entities, their purposes, and the current status of each are summarized below.

Child Support Enforcement Advisory Board

Statutory Authority: 40-5-906, MCA

Established: 1997

Purpose:

- Advise DPHHS about the policy, direction, control, and management of the child support case registry and payment processing unit and on forms, data processing needs, contract terms, and cooperative agreements related to child support enforcement. State law allows DPHHS to enter into contracts to establish, operate, or maintain the case registry and payment processing unit if a board exists to act in an advisory capacity.

Status:

- Board has been disbanded, perhaps as long ago as 2004, because the Child Support Enforcement Division uses state employees, rather than a contractor, to operate the case registry and payment processing unit.

Commission on Provider Rates and Services

Statutory Authority: Title 53, Chapter 10, Part 2, MCA

Established: 2005

Purpose:

- Monitor the Medicaid reimbursement rates paid to providers of Medicaid services in order to ensure that state funds are spent appropriately, providers are treated fairly, and consumer and taxpayer expectations are met
- Create a protocol for recommending provider reimbursement rates
- Recommend reimbursement levels, rate equity among service levels, and cost-effective methods of regulating and auditing services

Status:

- Meetings are held at the call of the presiding officer.
- The last meeting appears to have been held in September 2010.
- Commission was to prioritize its requests for information before meeting again, and DPHHS said in 2012 that it was waiting to receive the commission's requests.

Community Health Centers Advisory Group

Statutory Authority: 50-4-810 and 50-4-811, MCA

Established: 2007

Purpose:

- Oversee the DPHHS grant process for creating and supporting new nonfederally funded community health centers and expanding services at existing community health centers
- Make recommendations on applications for grant funds

Status:

- Advisory group was created in 2007 and was active in 2007 and 2008.
- No additional grant funds have been appropriated so the group has not met since 2008.

Medicaid Managed Care Advisory Council

Statutory Authority: 53-6-710, MCA

Established: 2011

Purpose:

- Review requests for proposals for Medicaid managed care programs
- Review contracts proposed to be awarded for managed care
- Hold a public hearing in the area affected by a proposed managed care effort and submit a report of findings related to the public comment process to the Legislature, the Legislative Auditor's Office, and DPHHS

Status:

- DPHHS has not appointed members because no managed care proposals are pending.

Montana 2-1-1 Community Coalition

Statutory Authority: 53-1-703, 53-1-704, 53-1-710, and 53-1-711, MCA

Established: 2005

Purpose:

- Assist DPHHS in developing a strategic plan for putting in place, operating, and evaluating a 2-1-1 system to provide public information on and referral to local resources related to disaster, emergency, safety, health, or human services topics
- Provide a report to the Children, Families, Health, and Human Services Interim Committee and the Legislature each biennium

Additional Information:

- No funding provided for coalition
- Governor did not appoint coalition members because of lack of funding; DPHHS established an informational work group that met three times

Status:

- The coalition submitted a report to the Legislature on Nov. 1, 2006.
- DPHHS has not continued to work on 2-1-1 activities since completion of the report. However, individual 2-1-1 call centers continue to serve various areas of the state.

STATUTORILY REQUIRED REPORTS

DPHHS is required by law to submit 20 reports to the Legislature. Some of the reports must be provided to a specific committee. Others must be submitted to the Legislative Services Division by Sept. 1 of even-numbered years, and the division serves as the "legislative clearinghouse" for information on agency reports. Agencies must provide the title and a description of the report, as well as any hyperlinks for reports that are already published on the Internet. Following the November election, the Legislative Services Division provides all members of the next Legislature with the list of the agency reports.

The reports are presented below in the order in which they appear in the statutes. However, they are divided into two categories:

- newly required reports, temporary reports, and reports that DPHHS is currently providing; and
- reports that have been provided in the past but not in recent years.

Ongoing, Newly Required, and Temporary Reports

Report 1: Patient-Centered Medical Homes

Statutory Authority: 33-40-105, MCA, 2013

Information to be Reported:

- The savings generated by the patient-centered medical home program

Frequency of Report: One report is to be submitted by Sept. 30, 2016.

Other Information:

- The patient-centered medical home program is due to sunset Dec. 31, 2017.

Report 2: Child and Family Ombudsman Report

Statutory Authority: 41-3-1211, MCA, 2015

Information to be Reported:

- Activities of the office
- Recommendations regarding systematic improvements for DPHHS

Frequency of Report: Annually

Most Recent Report: The reporting requirement was established by the 2015 Legislature.

Report 3: Trauma System Report

Statutory Authority: 50-6-402, MCA, 1995

Information to be Reported:

- Effectiveness of the trauma care system established under Title 50, Chapter 6, Part 4, MCA.

Frequency of Report: Biennially

Most Recent Report: 2014

Report 4: Registry Information on the Use of Marijuana for Debilitating Medical Conditions

Statutory Authority: 50-46-303, MCA, 2011

Information to be Reported:

- The number of people who have applied for and received registry identification cards, the debilitating conditions for which cards were issued, and the number of providers
- The number of cards revoked
- The number of physicians providing written certification and the number of certifications each physician has provided

Frequency of Report: Twice a year

Most Recent Report: Statistics published monthly on DPHHS website, provided at each Children and Families Committee meeting, and periodically provided to the legislative clearinghouse.

Report 5: Out-of-State Placement of Children with Mental Health Needs

Statutory Authority: 52-2-311, MCA, 2009

Information to be Reported:

- The number of high-risk children with multi-agency service needs who are placed out of state
- The reasons for and costs of the placements and the process used to avoid them
- The number of in-state providers participating in the qualified provider pool

Frequency of Report: Twice a year

Most Recent Report: September 2015

Report 6: Older Montanans Trust Fund

Statutory Authority: 52-3-115, MCA, 2007

Information to be Reported:

- The ways in which money in the Older Montanans Trust Fund is used

Frequency of Report: Every two years

Most Recent Report: Oct. 31, 2014

Report 7: Medicaid Section 1115 Requests

Statutory Authority: 53-2-215, MCA, 2005

Information to be Reported:

- The status of each Medicaid Section 1115 waiver request submitted to the U.S. Department of Health and Human Services

Frequency of Report: Every two years

Most Recent Report: Nov. 7, 2014

Report 8: Temporary Assistance for Needy Families (TANF) Parents as Scholars Program

Statutory Authority: 53-4-209, MCA, 2011

Information to be Reported:

- The ways in which TANF funds have been used to support educational efforts

Frequency of Report: Annually

Most Recent Report: Sept. 14, 2015

Report 9: Medicaid Report

Statutory Authority: 53-6-110, MCA, 1983

Information to be Reported:

- An analysis of past and present funding levels
- Projections for the next biennium that identify trends in use and cost of services and in the number of Medicaid enrollees
- The effects of new and projected facilities and services identified by the State Health Care Facilities Plan

Frequency of Report: Every two years

Most Recent Report: January 2015

Report 10: HELP Act Oversight Committee Report

Statutory Authority: 53-6-1317, MCA, 2015

Information to be Reported:

- Findings and recommendations related to the committee's review of the HELP Act implementation and evaluation of the Medicaid program
- The committee must report to the governor and the Legislative Finance Committee and must provide copies of its report to the Children and Families Committee

Frequency of Report: Every two years

Most Recent Report: The first report is due in 2016.

Report 11: Suicide Reduction Plan

Statutory Authority: 53-21-1102, MCA, 2007

Information to be Reported:

- Risk factors affecting Montana's suicide rate
- Targets for suicide reduction
- Existing state suicide reduction activities

Frequency of Report: Every two years

Most Recent Report: August 2013

Report 12: Youth Crisis Diversion Grant Activities

Statutory Authority: Section 1, Ch. 208, L. of 2015

Information to be Reported:

- The use of youth crisis diversion grant funds authorized under HB 47 in 2015

Frequency of Report: One-time report to be made during the 2015-2016 interim

Report 13: Work of the MDC Transition Planning Committee

Statutory Authority: Section 2, Ch. 444, L. of 2015

Information to be Reported:

- Activities of the Transition Planning Committee that is advising DPHHS on the closure of the Montana Developmental Center

Frequency of Report: As requested by legislative committees.

Other Information:

- The advisory committee is due to sunset June 30, 2017.

Reports Not Currently Being Submitted

Report 14: Community Health Center Grants

Statutory Authority: 50-4-805, MCA, 2007

Information to be Reported:

- Grants made to create and support new non-federally funded community health centers or to expand services offered by existing federally qualified community health centers
- The number of people served because of the grant awards and the costs to the state of the services that will be provided

Frequency of Report: Not specified

Most Recent Report: 2008. No funds have been appropriated for grants since 2007.

Report 15: Statewide 2-1-1 Calling System

Statutory Authority: 53-1-714, MCA, 2005

Information to be Reported:

- Activities of the 2-1-1 Community Coalition

Frequency of Report: Every two years

Most Recent Report: November 2006. DPHHS has not worked on 2-1-1 systems since then.

Report 16: Effectiveness of Medicaid Managed Care Standards

Statutory Authority: 53-6-705, MCA, 1995

Information to be Reported:

- Effectiveness of standards established for accessibility and quality of care under a Medicaid managed care contract

Frequency of Report: Annually

Most Recent Report: Never filed. DPHHS has not entered into any managed care contracts.

Report 17: Medicaid Managed Care

Statutory Authority: 53-6-710, MCA, 2011

Information to be Reported:

- The findings of the Medicaid Managed Care Advisory Council on managed care proposals it has reviewed.

Frequency of Report: As needed

Most Recent Report: Never filed. No managed care proposals have been developed since the report requirement was created in 2011.

Report 18: Prescription Drug Plus Discount Program

Statutory Authority: 53-6-1005, MCA, 2005

Information to be Reported:

- Prescription drug use, needs, and trends for the prescription drug discount program for people at or below 250 percent of the federal poverty level and without insurance coverage for prescription drugs

Frequency of Report: One-time report required

Most Recent Report: The required report was submitted by the statutory deadline of Sept. 15, 2006. No additional reports have been prepared.

Report 19: Recommendations of the Commission on Provider Rates and Services

Statutory Authority: 53-10-212, MCA, 2005

Information to be Reported:

- The commission's findings and recommendations on topics it reviewed during the biennium

Frequency of Report: Biennially

Most Recent Report: The commission has not met since September 2010, so no report has been filed for at least five years.

Report 20: Mental Health Services for Children with Serious Emotional Disturbance

Statutory Authority: 53-21-1002, MCA, 2003

Information to be Reported:

- DPHHS efforts to coordinate state and community resources to ensure comprehensive delivery of services to children with serious emotional disturbance

Frequency of Report: Every two years

Most Recent Report: September 2010

RECOMMENDATIONS FROM THE 2011-2012 INTERIM

The Children, Families, Health, and Human Services Interim Committee received the following public comment on the advisory councils and required reports during the 2011-2012 interim.

Recommendations by DPHHS

DPHHS recommended that seven councils and six reports be eliminated. The agency also suggested that the requirements for another report be changed.

The seven councils that DPHHS recommended eliminating were:

- the Child Support Enforcement Advisory Board, Community Health Centers Advisory Group, and Montana 2-1-1 Community Coalition, all of which have been inactive;
- the Advisory Council on Food Safety, because it has had relatively little activity in food safety issues and because its purpose of providing public comment on legislation and administrative rules can be met in other ways;
- the Mental Health Oversight Advisory Council and the Children's System of Care Planning Committee, because DPHHS could create a single, non-statutory council that could replace both groups and meet federal requirements for review of federal mental health and substance abuse grants; and
- the EMS Advisory Committee, because it has not been used in more than a decade and is a permissive, rather than statutorily required, committee.

DPHHS recommended eliminating six reports, because they either have not been produced in recent years or little action has been taken as a result of the reports. The reports involve:

- the state's trauma response system;
- the Older Montanans Trust Fund;
- mental health services for children with serious emotional disturbance;
- community health center grants;
- the statewide 2-1-1 calling system; and
- the Prescription Drug Plus Discount Program.

The department also proposed that it publish the suicide reduction plan every five years, rather than every two years.

Since making those recommendations, the department has stopped preparing the report on

mental health services for children with serious emotional disturbance.

Recommendations by the Public

Members of the public suggested eliminating:

- the Community Health Centers Advisory Group because the Legislature has not appropriated money for the related grant program in recent years; and
- the Commission on Provider Rates and Services because it had not met for more than a year and has had limited ability to obtain information for its work.

They recommended retaining:

- the Advisory Council on Food Safety and the Tobacco Prevention Advisory Board because both groups support the work of the Montana Public Health Association at the local level; and
- the regional Service Area Authorities that advise DPHHS on mental health issues.

OPTIONS FOR COMMITTEE ACTION

After reviewing the information prepared for this report, the committee could take any of the following steps to meet its statutory obligation to review advisory councils and reports related to DPHHS:

1. Request additional information about specific advisory councils.
2. Determine that some advisory council activities or purposes should be amended to better reflect the current role of an advisory group.
3. Determine that the requirements of some reports should be revised.
4. Determine that some advisory groups and/or required reports should be eliminated.
5. Determine that no committee action is necessary.

Option 1 would require that presentations be scheduled for future committee meetings.

Options 2 through 4 would require that the committee authorize the drafting of legislation, which would be presented for committee review and public comment at a future meeting.

Option 5 would conclude the committee's HB 142 activities for the interim.

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