

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By Rep. Angela Russell, on March 16, 1991, at
1:00 p.m.

ROLL CALL

Members Present:

Angela Russell, Chair (D)
Tim Whalen, Vice-Chairman (D)
Arlene Becker (D)
Jan Brown (D)
Brent Cromley (D)
Patrick Galvin (D)
Stella Jean Hansen (D)
Royal Johnson (R)
Betty Lou Kasten (R)
Thomas Lee (R)
Charlotte Messmore (R)
Jim Rice (R)
Sheila Rice (D)
Wilbur Spring (R)
Carolyn Squires (D)
Jessica Stickney (D)
Bill Strizich (D)
Rolph Tunby (R)

Members Excused: William Boharski and Tim Dowell

Staff Present: David Niss, Legislative Council
Jeanne Krumm, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

HEARING ON HB 979

Presentation and Opening Statement by Sponsor:

REP. BEVERLY BARNHART, House District 80, Bozeman, stated that this bill provides for an essential health care assessment act. This bill is needed because of the crises in the rural areas for health care providers. We do not have an overall health care assessment plan. This bill will require that the department make recommendations and these recommendations must be submitted to the Governor and the 53rd Legislature.

Proponents' Testimony:

Dr. Dean Centers, Montana Academy of Family Physicians, stated that there is a problem with the availability of health care in some parts of our state. The problem is that we do not know what the whole picture is. This bill will provide a mechanism to find answers to these questions. Once we know where we are and have some idea where we are headed, we can generate a plan that will help us provide for health care units in the future. We are going to find out that things are worse than expected. We are going to have to do this on our own. We are going to have to train our own doctors and health care providers.

Frank Newman, Director, Montana Area Health Education Center (MAHEC), submitted written testimony. EXHIBIT 1

Tom Cherry, Montana Hospital Association (MHA), stated that MHA supports this bill.

Opponents' Testimony: None

Questions From Committee Members:

REP. MESSMORE asked if they plan on recruiting somebody to do this study for \$20,000 per year. REP. BARNHART stated that the Department concurs with that amount of money. There will be more money available through another source.

REP. MESSMORE asked if there is somebody in this state who has the capacity to undertake the study. REP. BARNHART said yes.

REP. HANSEN asked if there will be a health plan formed on the information gathered. Mr. Newman said the study will result in a strategy to address deficiencies in the way that we are doing things in Montana. The University System should serve as a basis for providing a long term plan to determine whether or not we are meeting health professional's needs in the state.

REP. KASTEN asked what has become of the data, plans and all of the assessments done by the Montana Health Agency that were previously gathered. Mr. Cherry stated that there is some information of that system and its product still in place in the Health Department. DHES are maintaining what is now a scale down certificate of need process in the state.

REP. JOHNSON asked if he had a physicians assistant (PA). Dr. Centers stated that he thinks PAs do a good job, but he doesn't have a PA in his office. In the early days of the PA program, the goal was to obtain cheaper help. This has not proved to be the case. Now they are saying if we can't get a doctor we can get a PA and they do the same thing. No they don't do the same thing. They still require a supervisor and are directed under the management of their physician supervisor. There is a limit on what one physician can do to supervise PAs.

REP. JOHNSON asked what the MAHEC covers in Montana. Mr. Newman

stated that MAHEC is a statewide program that was funded through a federal grant. It is intended to serve the entire State of Montana.

REP. JOHNSON asked if \$20,000 is enough money for the study and if so who will do the study. Mr. Newman stated that the specific intent is that if this bill was it would be contracted through the MAHEC from the Department of Health. We do have the personnel to do this.

REP. JOHNSON asked why can't you work this out of your federal budget since that is a fairly inexpensive price. Mr. Newman stated that when the legislation was written for the national aid program, it stipulated that the length of funding for aid was limited for six years. The federal funding for our program will end September 30, 1991. REP. JOHNSON stated that if there are 27 representatives of professional groups around the state, you already have the best study group that you can find. I don't think there is anybody in the department that can be more competent in compiling that information.

REP. JOHNSON stated that some \$300,000 was being spent by certain hospitals in Eastern Montana for recruiting people. Why would it not be possible that you could go to the private medical sector in Montana and ask them to fund \$20,000 for you. Mr. Newman asked what is the responsibility of state government to coordinate activities at this time. The Department of Health does have a responsibility to see that this sort of thing is done and to see if the data is available and be responsible for a long-term plan. There is no state health plan in effect to that area. We are trying to help the DHES.

Closing by Sponsor:

REP. BARNHART stated that there was supposed to be someone here from the DHES, but they didn't hear the time change of the meeting. They are in support of this bill. This bill does need to go to the Appropriations Committee.

HEARING ON HB 980

Presentation and Opening Statement by Sponsor:

REP. ANGELA RUSSELL, House District 99, Lodge Grass, stated that she spoke with the DHES regarding diseases in Big Horn County. DHES said that the data on disease incidence was not available. We don't have a Ph.D. Epidemiologist to gather this data together to tell Montana and whatever county what those disease incidence are, such as whether there are certain trends or certain patterns developing. In further discussion, it appeared that what we really needed was the staff to make sure that we could get this data for our information. Specifically, I was concerned that in Big Horn County and on the Crow Reservation there were a number of cases of leukemia. We need to have a better handle on what is

happening to the health of our people in our state. In section 2 of the bill there is an appropriation of \$50,000 from the General Fund. DHES does have a Ph.D. Epidemiologist, but with these additional monies DHES could hire a support staff that would then put together some of this data that would be available to all of us.

Proponents' Testimony:

Judith Gedrose, Chief Preventive Health Services Bureau, stated that she has been working as an epidemiologist for seven years and has had the title of state epidemiologist for the past three years. We did hire a Ph.D. Epidemiologist approximately three weeks ago.

Opponents' Testimony: None

Questions From Committee Members:

REP. HANSEN asked unless we put a particular disease on the list of diseases that the DHES tracks, do they track them. REP. RUSSELL stated that it would take some planning on what disease incidence to track, because the tumor registry is current in the State of Montana. However, that data is often times not translated into a study for the state unless a person dies. Ms. Gedrose stated that DHES has a commitment to health plans and studies of the health of the state. That is mandated in statute. The majority of the diseases that are reportable are communicable diseases. It is our charge to try to prevent the spread of communicable diseases. Cancer is a reportable disease as well. There are approximately 100 diseases and conditions which are reportable.

Closing by Sponsor:

REP. RUSSELL stated that the disease incidence for child leukemia is something like 1 out of every 100,000 people. There are many Montanans that are treated in Fred Hutchinson Hospital in Seattle, Washington. Eastern Montana sends many of its people to Denver, Colorado. In the Fred Hutchinson Center there is a map that shows the number of people they have treated by state, Montana's number is really high considering our population. We need this basic data for our people in the State of Montana.

HEARING ON HB 981

Presentation and Opening Statement by Sponsor:

REP. ANGELA RUSSELL, House District 99, Lodge Grass, stated that this bill has been a priority for the Childrens Agenda. This is an act to develop in-state resources to meet the long term care needs for the emotionally disturbed youth and, to appropriate money to the Department of Family Services (DFS). This bill will establish a comprehensive, coordinated system of services to meet

the needs of children and adolescence with severe emotional disturbance. The whole idea is to look at programs we can develop in state on comprehensive plans, pilot projects, inter department agreements and to begin to develop local programs so that we don't always have to send young people in need of specialized services out of state. EXHIBIT 2

Proponents' Testimony:

Judith Garrity, Montana Childrens Alliance (MCA), stated that MCA provides in-state resources for children who have been diagnosed as emotionally disturbed. The philosophy of this bill is very similar to a couple of other bills that the committee has heard. The philosophy is to keep children in their home and provide services for the child and family in the home whenever that is possible. The community is responsible for healing the members of the community. We can no longer have a society where we send people away to have very expensive treatments and to be fixed and then to come back into their community where the services to help them stay well are not available. These services which are child based and community based have worked in Montana. They have saved states enormous sums of money, which are now being spent in out of state placement or out-of-community placement. Children who are in need of services are now falling through the cracks. The treatment for this is very expensive and not very many families can afford to pay the bill. The way the system is set up now if a child is out of the home for 30 days, the child becomes eligible for Medicaid funding. As soon as the child goes back into the home and family, the Medicaid funding stops. We want to be able to provide assistance to children before they leave their home. In order to do, monies are necessary to provide monies for demonstration that projects so we can prove that these programs work in the community.

John Shontz, Montana Mental Health Association, stated that it is important that whenever possible that we bring home young people who are in out-of-state care home. He suggested the Committee look at this bill on its merits for service.

John Harwood, self, stated that he is a parent of a severely emotionally disturbed child (SEDC). Montanans are paying for a tuxedo with no buttons. The Medicaid system, which has more than doubled in the last three years has gone from 700,000 to 7 million. This care provides only for intensive short term care with no or very little aftercare. \$1.5 million is spent on children out-of-state. Many dollars are spent on SEDCs. When his child became ill two years ago, there was no place to turn, the school system didn't even know where to turn. We found out if we would have received care for him immediately, he would have had a much better chance of getting better and becoming a productive member of society. The thing that happens in the case of any SEDC is that a tremendous amount of burden and stress is placed on the family members.

Jude Obert, Parent Support Group, submitted written testimony.
EXHIBIT 3

Linnea Wang, Montana Committee for Emotionally Disturbed Children, submitted written testimony for Cliff Murphy, Montana Committee for Emotionally Disturbed Children. **EXHIBIT 4**

Andree Larose, Montana Advocacy Program, stated that this money is desperately needed. Families exist that need assistance. We desperately need for these services to be provided in a coordinated way.

Dan Anderson, Administrator, Mental Health Division, Department of Institutions, stated that they support this bill with amendments. This bill contains an appropriation that is in the executive budget, and I certainly do not support that appropriation. However, the policy statement that is made in the amendments is very important and should be made whether the appropriation is made or not. This bill directs some attention at a group of children and adolescents that haven't received enough attention in the past. The language requiring the joint planning effort is very important. DFS, DOI and SRS came together with current level appropriations and developed some creative ways to fund some private programs as required by the bill.

Gary Walsh, Department of Family Services (DFS), stated that DFS stands in support of the amended version of this bill. It will truly improve the planning of the service and delivery for this population. Currently the law requires the DFS to develop a plan for services to EDC. The amended version of the bill requires the DFS with the DOI jointly to plan.

Opponents' Testimony: None

Questions From Committee Members:

REP. MESSMORE asked if part of the intent of this bill is to develop more adolescent treatment centers for the EDC's population. Mr. Anderson stated that could be one of the pilot programs we could be looking at.

REP. MESSMORE asked what the amended version of the bill would do. Mr. Walsh stated that the amended version would not create additional committees, but it will address that the DFS currently has an advisory council with plans developed and reviewed by that committee.

REP. MESSMORE asked about the appropriation of nearly \$6 million of FY91 and more than \$6 million of the following year. Mr. Walsh stated that the amended version appropriates \$3 million in General Fund money to DFS.

REP. LEE asked what is the difference between severely

emotionally disturbed and emotionally disturbed. **Mr. Anderson** stated that it is a matter of severity. When we talk about a child with severe emotional disturbance, this is a child that has a level of disability which really is disabling in many ways. Emotionally disturbed might include children that have some problems, but not with severity. One way they make that distinction is when a child is severely emotionally disturbed if he or she needs the services of more than one human services assistant. That is, not only does he need help at school, but also from child protective services.

REP. LEE asked is it characterized by certain types of behavior or is this simply in the degree in all of these people. **Mr. Anderson** stated that it is more a matter of degree. You can include in that group some children who are very severely withdrawn and other children who very severely act out and are aggressive.

REP. LEE asked what is "wrap around service". **Mr. Anderson** stated that you take the child wherever he is, preferably within the family, and you put into place those services within his home and school to support him in the community and keep him there with his family.

REP. HANSEN asked if there is anything being done to bring the children who are severely mentally ill back to Montana. **Mr. Anderson** stated that this bill doesn't specifically address that group of people, but certainly there are a lot of people that think because we don't have some alternatives, children who are emotionally disturbed as a primary problem are inappropriately going to find help.

REP. WHALEN asked to what extent does the Governor include in his budget monies for these types of programs. **Mr. Anderson** stated that the Governor's budget includes roughly \$5.5 million for community mental health services, some of which is used for childrens' services. None of these monies are necessarily earmarked for childrens' services and adult services.

REP. WHALEN asked if this program were set up, would some of those monies might be available for this type of community-based services. **Mr. Anderson** stated that they could take some of the money in the budget for community mental health service and set up a specific program that meets the needs for these kinds of children.


Closing by Sponsor:

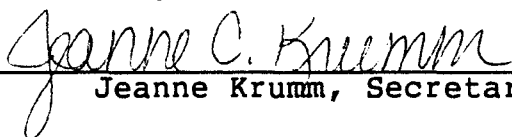
REP. RUSSELL stated that Montana has over 31,000 emotionally disturbed adolescent children. Based upon the national prevalence, Montana has over 6,000 children and adolescents with severe emotional disturbance. HB 981 offers the state the opportunity to enter a partnership with parents, local communities, governments, professionals and private businesses to

address a complex issue. We all know that Medicaid already spends lots of money for children and adolescents. The DFS has 70 youths in placement out-of-state and by the end of October that number will go to 80. The projected cost for care of these youth is \$2.2 million ranging in cost of \$50 a day to \$350 a day. The DOI spends considerable amounts of money, approximately \$730,000, on services to children. It is real important that the policy be evaluated and that we not discount completely the appropriation part of the bill. The appropriation will make available some federal dollars, especially to those children in need who may not be eligible. HB 981 can be looked at as an economic development bill because it would provide some jobs locally.

ADJOURNMENT

Adjournment: 2:50 p.m.


ANGELA RUSSELL, Chair


Jeanne Krumm, Secretary

AR/jck

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 3-16-91

NAME	PRESENT	ABSENT	EXCUSED
REP. ANGELA RUSSELL, CHAIR	✓		
REP. TIM WHALEN, VICE-CHAIR	✓		
REP. ARLENE BECKER	✓		
REP. WILLIAM BOHARSKI		✓	
REP. JAN BROWN	✓		
REP. BRENT CROMLEY	✓		
REP. TIM DOWELL		✓	
REP. PATRICK GALVIN	✓		
REP. STELLA JEAN HANSEN	✓		
REP. ROYAL JOHNSON	✓		
REP. BETTY LOU KASTEN	✓		
REP. THOMAS LEE	✓		
REP. CHARLOTTE MESSMORE	✓		
REP. JIM RICE	✓		
REP. SHEILA RICE	✓		
REP. WILBUR SPRING	✓		
REP. CAROLYN SQUIRES	✓		
REP. JESSICA STICKNEY	✓		
REP. BILL STRIZICH	✓		
REP. ROLPH TUNBY	✓		

EXHIBIT 1
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HOUSE BILL 979
ESSENTIAL HEALTH CARE ASSESSMENT ACT

March 16, 1991

My name is Frank Newman. My home of residence is in Bozeman, Montana. I am currently serving as Director of the Montana Area Health Education Center (Montana AHEC). During the period of 1974 - 1984 I had the privilege of serving as Director of the WAMI Medical Program at Montana State University. The Montana AHEC is a non-profit corporation which is funded through a federal appropriation as a part of the national AHEC network. The Montana AHEC is governed by a Board of Directors composed of 27 representatives of health professional groups and organizations. The Board of Directors of the Montana AHEC endorses HB 979.

Montana is one of the few states having no medical school. It is one of only two states without a freestanding family practice residency program. Access to medical education for Montana students is provided through the WAMI Medical Education Program, a regional program of the University of Washington School of Medicine, and the WICHE Program.

Other health professional training programs in Montana include nursing, pharmacy, medical technology, and physical therapy.

Although the return of physicians to Montana who received their medical education through the WAMI Program is excellent, Montana is still experiencing a significant shortage of physicians; particularly in the rural areas of the state. This lack of physicians is paralleled by shortages in many of the other health professions.

The availability of health professionals to serve the needs of health care delivery systems in every community is vital to the provision of quality care and in providing appropriate access to health care for all citizens.

The health care delivery system in Montana is significantly impacted by the fact that Montana is not only a rural state, it is a frontier state. The federal government has defined "frontier" as areas with fewer than 6 persons per square mile. The population of Montana is less than 5.5 per square mile. Of the 56 counties in the state, 46 are classified as frontier. Low population density has a major impact on the ability of rural communities to maintain quality health care delivery systems.

The vitality of rural hospitals is, to a large extent, determined by the presence of adequate numbers of physicians and other health professionals. These health providers must be available in order for rural hospitals and rural clinics to provide access to essential primary care services. These include the services provided by family physicians, physician assistants, nurse practitioners, dentists, nurses, pharmacists, medical technologists, physical therapists, and emergency medical technicians. In addition, there are a variety of other health professionals who have essential supporting roles. Of the 61 non-federal and non-state hospitals in Montana, 46 are rural. These are hospitals with fewer than 50 beds.

The shortage of health providers in Montana can be illustrated in a number of ways. The federal government provides guidelines for designation of population groups and geographic areas which are underserved. These are called Health Manpower Shortage Areas (HMSAs). The geographic entity normally used for designating HMSAs is the county. Montana has 30 counties in which all or parts are designated as HMSAs. Twenty-eight of these are "frontier" counties. The Montana Department of Health and the Montana AHEC have received a number of requests from physicians, county commissioners, and others to have their counties designated, or upgraded in designation, due to difficulties in recruiting physicians. There are nine counties in Montana which have no physicians. The Montana Hospital Association conducted a survey of nurses approximately three years ago. One of the conclusions from this survey was that the current educational system in Montana was inadequate to provide for the number of nurses which would be required in a few years. A survey during the Summer of 1990 by the State Dental Officer showed that there would, in a few years, be an inadequate supply of dentists to meet the anticipated needs. The evidence seems clear that rural areas of Montana are underserved with respect to health care providers.

Montana does not have a comprehensive health care assessment plan which addresses the current number, distribution, and long-term needs for health care providers. The Montana University System does not have a plan which provides for the expansion of current health professional education programs and the development of new programs to meet the needs of the Montana health care delivery system. The state has not developed an overall strategy to coordinate the availability of health providers which are, and will be, required to meet the staffing needs of hospitals and nursing homes in Montana.

The passage of HB 979 will mandate the development of: (1) a plan for obtaining the data and conducting the health manpower needs assessment, (2) an analysis of current needs in health care facilities, (3) an analysis of current availability of health providers in each county and community, (4) a projection

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of the long-term requirements for health care professionals in each county and community, (5) an analysis of educational programs in Montana which prepare health professional students, (6) a determination of the needs for continuing education, (7) an analysis of the impact of federal programs on health care in Montana, and (8) a strategy to meet health manpower needs in Montana.

Health care is a major industry in the United States. In 1990 it consumed over 12% of the Gross National Product; nearly 700 billion dollars. Senator Baucus has predicted that by the year 2000, 1.5 trillion dollars will be spent on health care and that the figure will represent 15 % of the GNP. Health care is also a major industry in Montana. Approval of HB 979 will provide information which is needed by the Office of the Governor, the Legislature, the University System, health facility administrators, and health professional associations to adequately plan for the future of health care in Montana.

I should like to express my sincere thanks to the members of the Legislative Committee for the opportunity to present my views on the significance of this legislation.

Frank S. Newman
Director
Montana AHEC
308 Culbertson Hall
Montana State University
Bozeman, Montana 59717

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Amendments to House Bill No. 981
First Reading Copy

Requested by Representative Russell
For the Committee on Human Services and Aging

Prepared by Connie Erickson
March 14, 1991

1. Title, line 7.

Strike: "YOUTH"

Insert: "CHILDREN AND ADOLESCENTS"

2. Title, line 8 through line 9.

Strike: "INSTITUTIONS" on line 8 through first "MCA" on line 9.

Insert: "FAMILY SERVICES"

3. Page 1, line 12 through page 2, line 2.

Strike: page 1, line 12 through page 2, line 2 in their entirety

4. Pages 1 through 19.

Strike: everything following the enacting clause

Insert: "NEW SECTION Section 1. Purpose. The purpose of [sections 1 through 6] is to establish a comprehensive, coordinated, and child-centered system of services to meet the needs of children and adolescents with severe emotional disturbances. The system of services must:

- (1) be community-based;
- (2) ensure the rights of the child to a safe environment and to receipt of the most appropriate services in the least restrictive environment possible;
- (3) acknowledge that children and adolescents with severe emotional disturbances are suffering from illnesses that are treatable and are entitled to receive treatment for themselves and services for their families from qualified and trained providers through a delivery system that recognizes the important role of the parent in treatment;
- (4) be the joint responsibility of a public and private partnership; and
- (5) allow for out-of-state treatment of children and adolescents with severe emotional disturbances only when appropriate in-state treatment is not available and as a last resort, based upon clearly stated reasons acceptable to and approved by the interagency committee provided for in [section 3].

NEW SECTION. Section 2. Definitions. As used in [sections 1 through 6], the following definitions apply:

(1) "Departments" means the department of family

services provided for in Title 2, chapter 15, part 24, and the department of institutions provided for in Title 2, chapter 15, part 23.

(2) "Child-centered" means that the needs and rights of the child and family direct the types and mix of services provided, preserving the family unit whenever possible.

(3) "Community-based" means that the locus of services as well as case coordination and decisionmaking responsibility, including initiative for financial responsibility, rests at the community level to the greatest extent possible.

NEW SECTION. Section 3. Comprehensive plan. The departments shall jointly develop a comprehensive plan for a system of services for children and adolescents with severe emotional disturbances. The plan must be reviewed by the state youth services council provided for in 52-1-202 and by the mental health planning council provided for in Public Law 99-660. The plan must be presented to each regular session of the legislature. The plan must include but is not limited to:

(1) establishing a definition of children and adolescents with severe emotional disturbances;

(2) identifying the system of services needed to meet the needs of children and adolescents with severe emotional disturbances in accordance with the purpose of [sections 1 through 6];

(3) establishing definitions and standards for the services included within the system of services;

(4) establishing definitions, criteria, and eligibility to be used to identify children and adolescents with severe emotional disturbances needing services;

(5) establishing the target population and number to enable a planned development and implementation of the system of services;

(6) identifying existing resources and services that may be included in the system of services;

(7) identifying the interdepartmental responsibility and coordination with other state agencies needed to provide services to children and adolescents with severe emotional disturbances;

(8) identifying the weaknesses in the system of services and a plan for addressing them, including the associated costs;

(9) recommending a budget for the implementation of the system of services, maximizing funding from federal sources, private sources, local governments and communities, and parents;

(10) establishing standards for parent participation in the cost of services to their child or adolescent according to their ability to pay and for maximizing the use of third-party payment resources;

(11) establishing procedures to utilize existing state and local advisory councils and to expand the councils when appropriate; and

(12) establishing a review process for out-of-state referrals and establishing an interagency committee that is responsible for approving referrals.

NEW SECTION. Section 4. Interagency agreement. The departments shall establish an interagency agreement that is reviewed and amended annually for the purpose of carrying out their joint responsibilities under [sections 1 through 6]. The agreement must include but is not limited to:

(1) responsibilities, duties, and target populations of each department in the implementation of a system of services for children and adolescents with severe emotional disturbances;

(2) procedures for resolving any matters arising pursuant to the agreement or the requirements of [sections 1 through 6], including case planning, case coordination of individual service plans, and case resolution; and

(3) utilization of the resources of the departments, including shared funding, joint pilot programs provided for in [section 5], and maximized use of other sources of funds, grants, and waivers provided under federal programs.

NEW SECTION. Section 5. Pilot programs. The departments, utilizing the interagency agreement provided for in [section 4], shall develop and implement joint pilot programs to demonstrate the effectiveness of services provided in accordance with the purpose of [sections 1 through 6], to determine the cost of providing the services, and to evaluate the appropriateness of expanding the services to other areas of the state. The pilot programs must:

(1) be implemented according to a request for proposal process;

(2) be targeted toward those children and adolescents with severe emotional disturbances who are currently in out-of-state treatment facilities or who are in imminent need of treatment; and

(3) demonstrate the ability to maximize federal, state, and private funds as well as third-party and parental payments.

NEW SECTION. Section 6. Staff assignment. The department of institutions shall assign sufficient staff resources to provide a liaison between the departments and to provide the mental health expertise to carry out the purposes of [sections 1 through 6].

NEW SECTION. Section 7. Appropriation. (1) There is appropriated to the department of family services from the general fund \$3 million for the biennium beginning July 1, 1991.

(2) The appropriation may be used in a discretionary manner to enable the funds to be matched with available federal and other funds, grants, or gifts in order to maximize the service benefits for children and adolescents

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with severe emotional disturbances and to demonstrate the partnership that needs to exist between state government, local governments and communities, private providers, parents, and federal and private programs.

(3) The intent of the legislature is that these funds be expended for pilot programs provided for in [section 5]. The information gained from these programs is to be used to develop a planned and shared response to the needs of children and adolescents with severe emotional disturbances, as well as their families, and to present this response to each regular session of the legislature.

NEW SECTION. Section 8. Repealer. Section 53-4-118, MCA, is repealed.

NEW SECTION. Section 9. Codification instruction. [Sections 1 through 6] are intended to be codified as an integral part of Title 53, chapter 4, part 1, and the provisions of Title 53, chapter 4, part 1, apply to [sections 1 through 6].

NEW SECTION. Section 10. Effective date. [This act] is effective July 1, 1991."

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HB 981

House Committee on
Human Services and Aging

Jude Oberst
312 Blake St
Helena, MT

Community Organizer / Parent

For HB 981 as written

Five months ago I was asked to co-ordinate a support group for parents who have children with emotional disorders. The major concerns of these parents are:

1. maintaining family integrity
2. establishing an appropriate educational environment
3. preventing their child from being rejected or misinterpreted by their peers and the general community.*

I am in support of HB 981 because it recognizes the critical need to provide parents with options that assist them in their struggle to maintain the family unit and the intrinsic benefits that unit provides for their child.

As a parent of a child with a terminal illness who has both ~~physical~~ multiple handicaps, I know one of the obstacles families face is dealing with society's judgmental assumptions about the rights of children with disabilities - be they physical, mental or emotional. It has been a long fight for families to keep their children out of institutions and to get them into local schools, and out in their own first communities.

This bill is a ~~big~~ step in recognizing the rights of another population of children - those with emotional disorders. Furthermore it identifies the importance of coordinated services, assigns responsibilities to specific agencies and ~~must~~ ^{begin to} ~~include~~ include parents in the decision making process.

Montana Committee for Emotionally Disturbed Children

March 16, 1991

Madame Chair & Members of the Committee:

My name is Cliff Murphy. I am submitting testimony in support of HB-981, introduced by Rep. Angela Russell dealing with the "long-term care needs of emotionally disturbed children".

I chair the Montana Committee for Emotionally Disturbed Children (ED Committee). This committee came into existence perhaps two decades ago as a group of state employees faced almost daily by children who were severely emotionally disturbed and who were ineligible to receive state services because they were neither neglected nor abused nor had they come into conflict with the law. Gradually the committee has evolved to become one composed of representatives from advocacy, professional, provider and state appointed citizen advisory groups. Its purpose continues to be advocacy for ED children and, in particular, the promotion of an adequate comprehensive system of services to meet the needs of all ED children.

HB-981, if passed, will for the first time provide some new funding to a state agency to begin the process of extending existing services to a group of children who have long been neglected.

This process has two major aspects. The first aspect is, I feel, rather implicit in the bill. The Department of Family Services has a service delivery system. Other departments provide services to children. HB-981, to me, proposes that basic services already available to child protective and youth court clientele shall also be available to other emotionally disturbed children. The ED Committee has all along been seeking the extension of rights enjoyed by others to this group. It is a matter of justice.

The second aspect to HB-981 is its proposal to establish "a comprehensive, coordinated, child-centered system of services to meet the needs of children and adolescents..." The current system of services does not come up to this ideal. In particular, it has not put sufficient emphasis on the "least restrictive environment" principle referred to in Section 1. Purpose. Subsection (1)(a) of the bill so as to emphasize keeping families in tact wherever possible. Also, interagency cooperation has not been coordinated as is needed and as HB-981 dictates.

The ED Committee has long promoted the idea of a continuum of services from prevention through in-home and therapeutic foster or group home services and the like to intensive hospitalization. Within the last half dozen years, much has been

accomplished to move toward this comprehensive coordinated system of services. Pilot projects proposed in HB-981 can do much to extend varied services now available in a few communities to many more.

Finally, the ED Committee would commend the move to "child-centered" services proposed in HB-981. It is the child's needs that should dictate the services provided and not the availability of beds or slots in the program.

HB-981 extends services long provided by the state to some youth to others needing those but long unjustly denied them. It proposes to plan for and build up an adequate comprehensive system of services such as has not existed. And lastly, it places emphasis on meeting the needs of particular children.

I urge passage of HB-981.

Thank you, members of the committee.

A handwritten signature in cursive script, reading "Cliff Murphy". The signature is written in dark ink and is positioned below the typed text of the letter.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services & Aging

COMMITTEE

BILL NO. HB 979

DATE 3-16-91

SPONSOR(S) Rep. Beverly Barnhart

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NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
<u>Tom Greer</u> ^{Head}	<u>MT. Hosp. Assn.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Frank Newman</u>	<u>Montana AHFC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>DEAN CENTER</u>	<u>MT ACADEMY OF FAMILY PHYSICIANS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>James H. Harg</u>	<u>MT Committee for ED</u>	<input type="checkbox"/>	<input type="checkbox"/>
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HOUSE OF REPRESENTATIVES
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Human Services & Aging COMMITTEE BILL NO. HB 980
DATE 3-16-91 SPONSOR(S) Rep. Angela Russell

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NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
JUDITH GEDROSE	Department of Health + Environmental Sciences	✓	

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Human Services & Aging

COMMITTEE

BILL NO. HB 981

DATE 3-16-91

SPONSOR(S) Rep. Angela Russell

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NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Judy Garrity	Mt. Children's Alliance	✓	
Jude Oberst	Parent Support Group	✓	
John Shontz	Mental Health Assoc	✓	
John Harwood	Self "Parents"	✓	
Frank A. DeGraw			
Andrie Larose	Montana Advocacy Program	✓	
Linnea Wang	Mt Committee for ED children	✓	

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