

**Study:** HJ 26 Study guardianships and conservatorships

**Interim Study Poll Rank:** 11

**Staff Recommendation:** Assign to Children, Families, Health and Human Services Committee

**Workload projection:** Low - Moderate

**Estimated LSD staff time:** 288 - 800 hours

### Preliminary Analysis

#### **Summary of study directives:**

To study issues related to guardianships and conservatorships in Montana, particularly how best to bolster training and ensure accountability for individuals appointed by courts to fill such roles.

#### **Preliminary study approach:**

<b>OPTION B .30 FTE (MODERATE)</b>	<b>OPTION C .15 FTE (LOW)</b>
<ul style="list-style-type: none"><li>• <b>All of option B</b></li><li>• Staff research and comparative analysis on guardianship/conservatorship laws and procedures in other states</li><li>• Presentation from conservatorship audit program in Oregon and/or Minnesota</li><li>• Additional staff research and paper(s) on topics requested by the committee</li><li>• Additional panel(s)/presentation(s) at the committee's request</li><li>• Stakeholder roundtable on potential or proposed legislation</li></ul>	<ul style="list-style-type: none"><li>• Staff research and report on types of conservatorships and guardianships, relevant Montana laws, and legislative history</li><li>• Stakeholder panel on strengths and challenges of current laws, and current measures for training and accountability</li><li>• Presentation or report from DPHHS, Adult Protective Services</li><li>• Final report and legislation as requested by committee</li></ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?** \_\_\_\_ Yes X No

**If yes, explain:**

### Additional considerations

**Data/visual analysis opportunities?**   ☐ Yes   ☐ No

**If yes, explain:** Flow chart of legal processes for establishing guardianships or conservatorships, graphic detailing different types and circumstances of guardianships vs. conservatorships.

**Agency/stakeholder involvement:**

Department of Public Health and Human Services, Department of Justice, Office of the Court Administrator, county attorneys, district court judges, individuals serving as guardians and/or conservators, family members of those needing assistance, organizations involved in supporting guardians and incapacitated individuals

**Potential additional costs (field trips, out-of-town meetings):**   ☐ Yes   ☒ No

**If yes, explain:**

**Interim FTE Equivalentents**

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days	LOW
<b>.10 FTE</b>	288 Hours	36 days	LOW
<b>.25 FTE</b>	720 Hours	90 days	MODERATE
<b>.50 FTE</b>	1440 hours	180 days	MODERATE
<b>.75 FTE</b>	2160 hours	270 days	HIGH
<b>1 FTE</b>	2880 hours	360 days	HIGH

**Study:** SJ 48 Interim study of the public health and safety impacts of marijuana legalization

**Interim Study Poll Rank:** 20

**Staff Recommendation:** Assign to the Children, Families, Health, and Human Services Interim Committee

**Workload projection:** Moderate - High

**Estimated LSD staff time:** 1440 – 2592 hours

### Preliminary Analysis

#### **Summary of study directives:**

Comprehensive review of the public health and safety impacts of marijuana legalization, including emergency room and urgent care trends, academic achievement and school environment, the criminal justice system, demand on substance use disorder treatment, prevalence of marijuana-associated mental health disorders, and gaps in current data.

#### **Preliminary study approach:**

This study exceeds the scope of usual interim studies.

<b>OPTION A</b> <b>0.9 FTE (HIGH)</b>	<b>OPTION B</b> <b>0.5 FTE (MODERATE)</b>
<ul style="list-style-type: none"> <li>• Six to eight initial stakeholder presentations or panels to review existing data and present anecdotal concerns (see potential additional cost #1, pg. 2)</li> <li>• Two follow-up stakeholder presentations on areas of particular concern or interest to the committee</li> <li>• Three to four staff presentations or papers on data or other topics identified by committee (see potential additional cost #1, pg. 2)</li> <li>• Written staff review of the history of marijuana legalization in Montana</li> <li>• Staff-developed data visualizations</li> <li>• NCSL or staff report on public health and safety impacts of marijuana legalization in other states, including any responses to these issues</li> <li>• Committee evaluates information gathered (see potential additional cost #2, pg. 2) and provides recommendations</li> <li>• Committee drafts legislation</li> </ul>	<p>Moderate option predicated on committee selection of <u>two or three</u> areas of focus within the public health and safety impacts of marijuana legalization.</p> <ul style="list-style-type: none"> <li>• Three stakeholder presentations (see potential additional cost #1, pg. 2) to review existing data sets and surveys</li> <li>• Two follow-up stakeholder presentations</li> <li>• Two staff presentations or papers</li> <li>• Staff-developed data visualizations</li> <li>• Committee evaluates information gathered (see potential additional cost #3, pg. 2) and provides recommendations</li> <li>• Committee drafts legislation</li> </ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?**    ☐ Yes ☒ No

**Note:** Rigorous studies like SJ 48 fall outside the scope of a normal interim study, so there are no products that holistically examine the issues requested by this study. The Economic Affairs Interim Committee and the Children, Families, Health, and Human Services Interim Committee monitor the impacts of legalized marijuana in Montana. The Criminal Justice Oversight Council has also examined the relationship between substance use disorder and criminal justice involvement.

### **Additional considerations**

**Data/visual analysis opportunities?**     X   Yes      No

**If yes, explain:** Maps, charts, and dashboards.

**Agency/stakeholder involvement:**

Schools, including educational staff, health staff, and student resource officers; law enforcement and criminal justice system stakeholders; behavioral health and substance use disorder professionals; emergency department and primary health care providers; public health officials; tribal nations, including tribal health; local government and community coalitions.

SJ 48 directs the committee to conduct the study without “industry or political influence.” The state Constitution provides for the right of participation (Article II, Section 8). Even if the committee does not solicit input from the marijuana industry or politically-affiliated organizations, stakeholders from these groups may offer verbal or written public comment on study activities. Committee members have the authority to pose questions to or otherwise engage with anyone who provides comment.

**Potential additional costs (field trips, out-of-town meetings):**     X   Yes      No

**If yes, explain:**

1. Attorney time to assess privacy concerns related to public release of school and health data.
2. Comparison of different data sets is a statistical challenge that requires a professional statistician, data scientist, or data analyst. Data professionals may not be able to create meaningful links between the information requested by this study, especially because sets must be de-identified. For example, school achievement and youth marijuana use data sets are separate, and it may not be possible to tell if a student with a high absenteeism rate and low grades uses marijuana.

### **Interim FTE Equivalents**

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days		LOW
<b>.10 FTE</b>	288 Hours	36 days		LOW
<b>.25 FTE</b>	720 Hours	90 days		MODERATE
<b>.50 FTE</b>	1440 hours	180 days		MODERATE
<b>.75 FTE</b>	2160 hours	270 days		HIGH
<b>1 FTE</b>	2880 hours	360 days		HIGH

**Study:** SJ 13 Study resolution for emergency medical services

**Interim Study Poll Rank:** 22

**Staff Recommendation:** Assign to Children, Families, Health, Human Services Interim Committee

**Workload projection:** Low - High

**Estimated LSD staff time:** 300 – 800 hours

### Preliminary Analysis

#### **Summary of study directives:**

Assess Emergency Medical Services (EMS) capabilities relative to current and projected future demands for the next 5 years. Identify areas of Montana with a lack of EMS and examine why they are lacking. Examine funding mechanisms for EMS providers. Determine additional resources needed for EMS in each county for the next 5 years. Consider recognizing EMS as an essential statewide service, and any implications of that recognition.

#### **Preliminary study approach:**

<b>OPTION A 0.3 FTE (HIGH)</b>	<b>OPTION B 0.2 FTE (MODERATE)</b>	<b>OPTION C 0.1 FTE (LOW)</b>
<ul style="list-style-type: none"><li>• <b>All of option B</b></li><li>• Identification/analysis of underserved areas in the state, including barriers to adequate EMS service.</li><li>• Data analysis/projection of current and potential funding mechanisms for EMS services.</li><li>• In-depth legal analysis of EMS issues.</li></ul> <p><b>Deliverables:</b></p> <ul style="list-style-type: none"><li>• Final Report with recommendations</li><li>• Legislation</li></ul>	<ul style="list-style-type: none"><li>• <b>All of option C</b></li><li>• Field trip</li><li>• Analysis of relevant laws, actions, policies, legal decisions, and experiences in other states.</li><li>• Data analysis/projection of EMS needs over next 5 years.</li></ul> <p><b>Deliverables:</b></p> <ul style="list-style-type: none"><li>• Report</li><li>• Legislation</li></ul>	<ul style="list-style-type: none"><li>• Panel discussion with EMS stakeholders.</li><li>• Staff background paper/presentation on relevant laws, policies, and legal decisions.</li><li>• Staff summary of EMS-related information in other states.</li></ul> <p><b>Deliverables:</b></p> <ul style="list-style-type: none"><li>• Legislation</li><li>• Brief report</li></ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?**  X  Yes   No

**If yes, explain:** \_Several LSD publications ([2018 SJ 21](#)) ([2016 HJ 7](#)) ([2002 Model Act comparison](#)), an [EMS performance audit \(2008\)](#), and an [LFD report \(2002\)](#) on Emergency Fund usage.

### **Additional considerations**

**Data/visual analysis opportunities?** ☒ **Yes** ☐ **No**

**If yes, explain:** Visual map of EMS service levels in all Montana counties (full service, underserved, unserved). Chart or Graph of EMS funding sources – could include potential sources not yet accessed. Table or Chart to compare MT EMS coverage/funding with those of other states.

### **Agency/stakeholder involvement:**

*Representatives from all 56 MT counties.*

*Department of Public Health and Human Services (DPHHS).*

*EMS Advisory Committee.*

*State Trauma Care Committee (STCC).*

*Regional Trauma Committees (RTAC).*

*Department of Transportation (MDT).*

*Montana Emergency Medical Services Association (MEMSA).*

*Montana Ambulance Association.*

*Montana Medical Transport (MMT).*

*Hospitals or healthcare organizations to potentially include [Logan Health](#), [Bitterroot Health](#), etc.*

**Potential additional costs (field trips, out-of-town meetings):** ☒ **Yes** ☐ **No**

**If yes, explain:** The committee may choose to take a field trip to an EMS service hub, hospital, or other EMS-central location.

### **Interim FTE Equivalents**

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days	LOW
<b>.10 FTE</b>	288 Hours	36 days	LOW
<b>.25 FTE</b>	720 Hours	90 days	MODERATE
<b>.50 FTE</b>	1440 hours	180 days	MODERATE
<b>.75 FTE</b>	2160 hours	270 days	HIGH
<b>1 FTE</b>	2880 hours	360 days	HIGH

**Study:** SJ 37 Interim survey of behavioral health services in Montana

**Interim Study Poll Rank:** 26

**Staff Recommendation:** Assign to the Children, Families, Health, and Human Services Interim Committee

**Workload projection:** Moderate - High

**Estimated LSD staff time:** 1152 – 2160 hours

### **Preliminary Analysis**

#### **Summary of study directives:**

Survey of the number and geographic distribution of behavioral health services in Montana, including crisis services and preventative or ongoing treatment services.

#### **Preliminary study approach:**

The primary use of staff time in this study is development of a service distribution map and dashboard of service availability and capacity. Option A grants staff more time to gather information and interface directly with providers to understand what menu of services they provide; Option B relies solely on readily available information.

<b>OPTION A 0.75 FTE (HIGH)</b>	<b>OPTION B 0.4 FTE (MODERATE)</b>
<ul style="list-style-type: none"><li>• Staff-developed map of service distribution in Montana and dashboard of service availability and capacity, with significant staff time devoted to information gathering (see potential additional costs, pg. 2)</li><li>• Two stakeholder presentations or panels on increasing service availability and reducing barriers</li><li>• NCSL or staff report on policy options to increase behavioral health service availability in other states</li><li>• Committee report and legislation</li></ul>	<ul style="list-style-type: none"><li>• Staff-developed map of service distribution in Montana using information readily available online</li><li>• One stakeholder presentation or panel on increasing service availability or reducing barriers</li><li>• Committee report and legislation</li></ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?** ☐ Yes ☒ No

**Note:** The Legislature has not conducted this type of survey. The Behavioral Health System for Future Generations (BHSFG) Commission may address some issues identified in this study,

including service availability, through its examination of workforce development, community-based services, and funding sources.

### **Additional considerations**

**Data/visual analysis opportunities?** ☒ Yes ☐ No

**If yes, explain:** Dashboard of service availability and capacity, map of service distribution in Montana by type of service.

### **Agency/stakeholder involvement:**

- Department of Public Health and Human Services, Department of Corrections, and local county/city/tribal health departments and law enforcement
- Providers who work in emergency rooms and emergency detention settings for short- and long-term crisis stabilization and in long-term, voluntary psychiatric treatment facilities
- Psychiatrists, clinical psychologists, and other providers of ongoing mental health services

**Potential additional costs (field trips, out-of-town meetings):** ☒ Yes ☐ No

**If yes, explain:**

An online survey may be required to gather the most information in a time-efficient way. This may require paid survey software.

### **Interim FTE Equivalents**

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days	LOW
<b>.10 FTE</b>	288 Hours	36 days	LOW
<b>.25 FTE</b>	720 Hours	90 days	MODERATE
<b>.50 FTE</b>	1440 hours	180 days	MODERATE
<b>.75 FTE</b>	2160 hours	270 days	HIGH
<b>1 FTE</b>	2880 hours	360 days	HIGH



**Study:** SJ 29 – Study coordinating efforts between OPI and DPHHS in addressing the impacts on children of prenatal exposure to meth and fentanyl

**Interim Study Poll Rank:** 29

**Staff Recommendation:** Assign to Children, Families, Health, and Human Services Interim Committee

**Workload projection:** Low – Moderate

**Estimated LSD staff time:** 200 – 600 hours

### Preliminary Analysis

#### **Summary of study directives:**

Examine how the Department of Public Health and Human Services and the Office of Public Instruction can best coordinate their efforts to address the health and learning needs of children who had prenatal exposure to methamphetamine and fentanyl.

#### **Preliminary study approach:**

<b>OPTION B .20 FTE (MODERATE)</b>	<b>OPTION C .10 FTE (LOW)</b>
<ul style="list-style-type: none"><li>• <b>All of option B</b></li><li>• Stakeholder panel on impacts and discussion of potential collaborative efforts to address impacts</li><li>• Presentation from agencies in other states identified as having effective collaborative efforts in addressing health and educational impacts related to prenatal exposure to meth and fentanyl</li><li>• Additional staff paper(s)/presentation(s) at the committee's request</li></ul>	<ul style="list-style-type: none"><li>• Joint DPHHS and OPI presentation on statistics, trend data, and health and educational impacts related to prenatal exposure to meth and fentanyl, including any existing or potential collaboration between the agencies to address impacts</li><li>• Staff background paper on collaborative actions taken in other states</li><li>• Final report of committee's activities, findings, recommendations, and drafting of any committee-requested legislation</li></ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?** \_\_\_ Yes X No

**If yes, explain:**

### Additional considerations

**Data/visual analysis opportunities?** ☒ **Yes** ☐ **No**

**If yes, explain:** Maps and dashboards displaying data on prevalence and impacts by region/community.

**Agency/stakeholder involvement:**

Department of Public Health and Human Services; the Office of Public Instruction; tribal governments; county and tribal health departments; early childhood care and education providers.

**Potential additional costs (field trips, out-of-town meetings):** ☒ **Yes** ☐ **No**

**If yes, explain:** If assigned to STRC, would be valuable topic to include in visits with tribal governments.

### Interim FTE Equivalents

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days	LOW
<b>.10 FTE</b>	288 Hours	36 days	LOW
<b>.25 FTE</b>	720 Hours	90 days	MODERATE
<b>.50 FTE</b>	1440 hours	180 days	MODERATE
<b>.75 FTE</b>	2160 hours	270 days	HIGH
<b>1 FTE</b>	2880 hours	360 days	HIGH

**Study:** SJ 49 Interim study of youth and family behavioral health prevention

**Interim Study Poll Rank:** 35

**Staff Recommendation:** Assign to the Children, Families, Health, and Human Services Interim Committee

**Workload projection:** Moderate - High

**Estimated LSD staff time:** 1440 – 2592 hours

### **Preliminary Analysis**

#### **Summary of study directives:**

Comprehensive review of Montana’s behavioral health primary prevention programs for youth and families, including availability, funding streams, trends over time, and type or location of delivery (e.g., school-based, faith-based, community-based).

#### **Preliminary study approach:**

This study exceeds the usual scope of interim studies.

<b>OPTION A 0.9 FTE (HIGH)</b>	<b>OPTION B 0.5 FTE (MODERATE)</b>
<ul style="list-style-type: none"><li>• Six to eight stakeholder presentations or panels (see potential additional cost #1, pg. 2), to review existing data sets and surveys</li><li>• Two presentations (provider panel and staff presentation) on primary prevention practices</li><li>• Develop and deploy a comprehensive statewide survey to inventory primary prevention programs, their services, and other information (see potential additional cost #2, pg. 2)</li><li>• Staff report on funding streams (federal, state, local, and private) and the use of these funds</li><li>• Staff-developed prevention workforce map; the accuracy of the map hinges upon readily available data and data sharing from organizations</li><li>• NCSL or staff report on youth and family behavioral health prevention infrastructures in other states</li><li>• Committee evaluates information gathered (see potential additional cost #3, pg. 2) and provides recommendations; staff translates into written report.</li></ul>	<p>Moderate option only available if committee studies <u>one</u> aspect of youth and family behavioral health prevention.</p> <ul style="list-style-type: none"><li>• Three stakeholder presentations (see potential additional cost #1, pg. 2) to review existing data sets and surveys</li><li>• One provider panel on primary prevention practices</li><li>• NCSL report on youth and family behavioral health prevention infrastructures in other states.</li><li>• Committee evaluates information gathered (see potential additional cost #3, pg. 2) and provides recommendations; staff translates into written report.</li></ul>

**Option D:** The committee may determine not to allocate any time to this study.

**Recent study or research products on this topic?**   ☐ Yes ☒ No

**Note:** Rigorous studies like SJ 49 are unusual for the legislature; therefore, there are no comparable work products from the Legislative Services Division or past interim committees. However, several issues listed within the study overlap with key initiatives of the Behavioral Health System for Future Generations (BHSFG) Commission: workforce development, funding, service gap identification, and services for youth and families (including school-based, faith-based, and community-based services).

### **Additional considerations**

**Data/visual analysis opportunities?**   ☒ Yes   ☐ No

**If yes, explain:** Workforce map, prevention programs map, and data visualization of data sets and trends over time.

### **Agency/stakeholder involvement:**

Department of Public Health and Human Services, the Office of Public Instruction, the Montana University System, tribal governments, nonprofit organizations, faith-based institutions.

**Potential additional costs (field trips, out-of-town meetings):**   ☒ Yes   ☐ No

**If yes, explain:**

1. Depending on the level or nature of collaboration with stakeholders and the policies of stakeholders, the legislature may need to contract with them for their services.
2. The statewide inventory of primary prevention programs likely requires paid survey software. It may also require additional staff, either within the branch (but outside of LSD) or contracted, to ensure use of appropriate statistical techniques to collect valid, reliable data for the committee's use in its evaluation and recommendations. Paid advertising may be necessary to collect a sufficient number of responses.
3. The study requires comparison and evaluation of multiple data sets, including the study's proprietary inventory of primary prevention programs and information collected by stakeholders, so the committee may identify trends and make recommendations. Comparison of different data sets is a statistical challenge that may require a professional statistician, data scientist, or data analyst.

### **Interim FTE Equivalents**

1 Interim FTE = 16.5 months = 2880 hrs.

<b>.05 FTE</b>	144 Hours	18 days	LOW
<b>.10 FTE</b>	288 Hours	36 days	LOW
<b>.25 FTE</b>	720 Hours	90 days	MODERATE
<b>.50 FTE</b>	1440 hours	180 days	MODERATE
<b>.75 FTE</b>	2160 hours	270 days	HIGH
<b>1 FTE</b>	2880 hours	360 days	HIGH