

MINUTES OF THE MEETING
APPROPRIATIONS COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 7, 1985

The meeting of the Appropriations Committee was called to order by Chairman Bardanouve on February 7, 1985 at 10:30 a.m. in Room 104 of the State Capitol.

ROLL CALL: All members were present. Representative Manuel later entered the meeting and his entry is noted in the body of these Minutes.

(Tape 4:A:200)

SENATE JOINT RESOLUTION 9: "A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA ENDORSING-~~THE-RECOMMENDATIONS-OF-THE-GOVERNOR~~ EXPRESSING THE VIEWS OF THE LEGISLATURE RELATING TO PROVISION OF SERVICES TO DEVELOPMENTALLY DISABLED PERSONS, PURSUANT TO HOUSE BILL 909 OF THE 48TH LEGISLATURE."

Senator Smith (229), sponsor of the bill, supports the Senate amendments to the title of the bill. He said he feels, as only one member of the Advisory Council, it is unfair for him to say he endorses all the recommendations of the Governor contained in the red book (EXHIBIT 1). For instance, the Senate amendment placing the Developmentally Disabled (DD) program under a "single agency" is different from the recommendation of the study commission which recommends the program be placed under the authority of the Department of Social & Rehabilitation Services (SRS).

Proponents:

Gene Huntington (288), Senior Administrative Assistant, Governor's office, said the purpose of SJR 9 is to obtain the sense of the Legislature on the general direction of the whole DD system, and is not an attempt to lock the Appropriations Committee into a budget or model of service.

He said the most controversial part of the plan is that dealing with Boulder River School & Hospital (BRSH); and many of the Governor's recommendations on BRSH recognize Recommendation #7 of the Advisory Council's report (EXHIBIT 2).

Gene Huntington (319) said three points must be recognized in fitting BRSH into an overall state system:

1. There are persons at BRSH who can and should be served in the community.

2. Because of the aging physical plant at BRSH, decisions must be made on long-term investment.

3. Neither the Governor's plan nor the recommendations of the Advisory Council eliminates BRSH, but rather give BRSH a viable roll in the whole DD system.

Gene Huntington (345) said House Bill 909 required a comparison of costs between keeping the DD program at BRSH and alternatives to BRSH. The projected costs over a 20-year period show either alternative relatively close in cost (EXHIBIT 3).

Mike Muszkiewicz (363), Administrator, DD Division, SRS, said the plan to implement HB 909 incorporates things which are best about today's existing community-based systems: they are run by non-profit corporations, which are run by local, volunteer boards; have central day programs; and have small group homes which are dispersed. He said the plan is consistent with national and international trends, proposed federal legislation, and complies with current Montana law.

The plan calls for keeping 45 persons at BRSH who are considered risks to themselves or others. It calls for phasing down the operations at BRSH over the next four years to an institution specializing in treatment of approximately 60 individuals with severe behavioral problems. The plan calls for 52 residents leaving BRSH.

Eastmont will keep ten of the current 55 residents. Approximately 45 residents from BRSH will be transferred to Eastmont. These persons are classified as needing total care in that they have very limited awareness of their environment, appear to have little or no potential for benefiting from active training, but have few significant medical needs.

The remainder of clients at Eastmont and Boulder, approximately 156, can be served in community-based services in the plan incorporating regional resource centers. This plan calls for development of three regional resource centers over the next four years, serving 52 resident clients at each facility. The regional resource centers are different from current community-based services in that they will be higher staffed, have more professional resources, and be designed to handle persons with less behavioral problems and less medical needs. Each of the 52 clients at each center will live in one of seven group homes dispersed in the community and designed to blend in with other community residences. Two of the seven homes will be designed for those with medical nursing needs. Two will be designed for those with more severe behavioral problems, but with less significant behavioral problems than those who will remain at BRSH. The other three homes will be similar to current intensive group homes and will serve low-functioning and low-skilled clients.

Each center will have a central day program to house training facilities for pre-vocational training and self-help skills, and offices and therapists for physical, occupational, and speech therapy. Each center will have formal affiliation with local hospitals, doctors, dentists and psychologists and an affiliation with a local college or university to provide recent professional resources and a place where students can become interested in future DD manpower needs.

The plan for this biennium is to further develop the model resource center, work with the provider of service to construct building, begin construction in the spring of 1986, begin placement in November, 1986 and complete placement in one center by January, 1987. The entire plan will take four years to complete.

Capital construction costs can be borne by Montana Health Facility Authority bonds. The construction cost of each center is approximately \$2.7 million. The annual debt service on each center will be \$334,000 a year for 20 years. The total amount requested for the next biennium is \$2.58 million.

Mike Muszkiewicz presented a video-tape showing one of the DD group homes in Helena.

Kathy Karp (660), representing the League of Women Voters, supports the bill (EXHIBIT 4).

Barbara Sutherlin (666), member of the HB 909 Advisory Council, supports the bill, but has some reservations (EXHIBIT 5).

(Tape 4:B:043)

Bernie Vogel, Great Falls, parent of an autistic child in a group home in Helena for approximately 13 months, testified of the good progress made by his child since placement in the home. He supports the bill.

Verner Bertelson (076), representing DDPAC, supports the bill (EXHIBIT 6).

The Chairman asked for a show of hands of those supporting the bill and approximately 35 persons raised their hands.

Opponents:

Representative Marks (097), representing District 75 where BRSH is located, presented a substitute "Senate Joint Resolution 9" incorporating proposed amendments to the bill (EXHIBIT 7).

He said the staffing patterns of the proposed centers require a close look. There are only three staff persons in each of the centers, yet 92.5 full time equivalent (FTE) employees for administration.

He said the highest priority must be those persons who are unserved or underserved - between 400 and 842 people.

Representative Manuel entered the meeting.

Representative Marks submitted printed amendments to HRJ 9 (EXHIBIT 8).

He called attention to "A Plan for Services for Current BRSH Residents - 20 Year Cost Projection" (EXHIBIT 9). He said there is no maintenance cost included in the projection. Choosing a cost of 60 cents to \$1 per foot per year, he estimates a maintenance cost of \$450,000 - \$750,000 for the 20-year period for each of the centers. He submitted a paper titled "Recent Maintenance Projects for BRSH" showing maintenance costs for the last three bienniums (EXHIBIT 10).

Representative Gould (290), testifying as a concerned citizen, is not an opponent of the bill, but supports deinstitutionalization of residents. He submitted a letter to Dave Durenberger, U.S. Senate, from Peter Kinzler showing a similarity between problems of the federal government, in SB 2053, and Montana's problem in regard to DD persons (EXHIBIT 11).

Bob Laumeyer (391), Superintendent of Boulder Public Schools, advocates serving the unserved and underserved first. He said 75 percent of the population at BRSH today are severely retarded.

Kevin Shannon (503), Butte, parent of two children at BRSH, opposes the bill.

Helen Kovich (578), Helena, parent of a daughter at BRSH for 25 years, opposes the bill.

Roger Nummerdor (617), Boulder carpenter, opposes the bill (EXHIBIT 12).

Representative Marks asked for a show of hands of those persons opposing the bill and approximately 35 persons raised their hands.

(Tape 5:A:015)

Committee Discussion:

In response to a request from Representative Peck, Dr. Opitz, Shodair Hospital, Helena, said individuals taken out of institutions on the average do better. He said slightly over half the patients at BRSH - approximately 100 patients - could benefit from deinstitutionalization. Work has been done at Boulder - not mentioned in either of the hearings on SJR 9 - of putting about 150 individuals, over several years, on their feet who were previously not ambulatory and by that mechanism alone,

on an average, 20 I.Q. points were added to the performance of these individuals. He said the patients at BRSH are well cared for, but what impresses him is that many could be somewhere else if there were appropriate places. He said an alternative placement to BRSH would be much cheaper because department officials say it costs over \$60,000 per patient per year.

Representative Winslow (045) said he is supportive of community-based settings, but asked Mike Muszkiewicz if the state is putting deinstitutionalization of people above the service to individuals... buildings, not people. Mike said the cost projection over a 20-year period is a "wash".

Representative Quilici (117) asked Barbara Sutherlin if the 18 persons returned to Boulder were sent to group homes or to their families. She said she believes all were in group homes. She said some were "bouncing back and forth" between BRSH and Warm Springs. She said this is a problem which has not been well addressed because some of them are suffering from mental illness and Warm Springs does not offer DD services. She said in the event individuals cannot be brought back to BRSH, some have been placed in jail for a few days until they can be taken care of.

Representative Miller (167) asked if the population is increasing in the state, why not keep BRSH a 200-bed facility. Mike Muszkiewicz said the people who are now at BRSH are there because community-based facilities aren't available. He presented a "Developmental Disabilities Division - Program Overview and Summary" (EXHIBIT 13).

Dr. Opitz (201) said he is a little concerned about the demographic projections because the statisticians tell us that the population of Montana is reasonably stable. He said it seems over the past few decades the prevalence of profound retardation has hardly changed - about four in 1,000 people. Therefore, the population at BRSH constitutes about 1 percent of the totally mentally retarded in Montana, with the remainder taken care of by parents in their homes. He said he sees no need for increased beds at Boulder.

Representative Bardanouve (220) asked if residents at BRSH are receiving Medicaid. Dick Heard, Superintendent at BRSH, said all those who are eligible - about 195 out of 207 - are receiving Medicaid and he believes will continue to receive Medicaid if transferred to community-based homes. He said the state receives approximately \$5 to \$7 million per year of Medicaid monies for reimbursement of services and in addition, Medicaid provides direct funds for services of physicians and other eligible professionals.

Senator Smith (259) closed on his bill. He said the Advisory Council suggests there is a need for some extensive-care facilities, but it does not suggest how many or where they should be

located. He said the Advisory Council had no idea what the costs would be, and because there is a difference of \$71.6 million, it is hard for him to endorse the recommendations in the red book (the Governor's plan). He supports the concept of SJR 9, however.

Recess: The meeting recessed at 12 p.m.

Reconvene: The meeting reconvened at 5:30 p.m.

(This portion of the meeting not recorded due to tape malfunction.)

E X E C U T I V E A C T I O N :

Representative Moore made a motion to amend the bill according to the seven amendments presented by Representative Marks (see Exhibit 8).

Representative Menahan asked how many are waiting for service. Dr. Peter Blouke, Senior Analyst office of the Legislative Fiscal Analyst, presented a "Community Service Waiting List" (EXHIBIT 14).

Representative Bradley requested a separate vote on each of the proposed amendments. The Chairman said the request is in order.

Representative Moore made a motion that Item 1 of the proposed amendments be accepted as follows:

1. Page 1, line 25
Following: "has"
Strike: "accepted"
Insert: "reviewed"

A roll call vote was taken with 14 members voting yes and Representatives Bardanouve, Bradley, Connelly, Hand, Peck and Spaeth voting no. The motion carried.

A motion was made to accept Item 2 of the proposed amendments as follows:

2. Page 2, line 2
Strike: "the"
Insert: "his"

A roll call vote was taken with 18 members voting yes and Representatives Bardanouve and Peck voting no. The motion carried.

A motion was made to accept Item 3 of the proposed amendments as follows:

3. Page 3
Strike: lines 7, 8 and 9 in their entirety

A roll call vote was taken with 11 members voting yes and Representatives Bardanouve, Bradley, Connelly, Hand, Lory, Manuel, Peck, Spaeth and Waldron voting no. The motion carried.

A motion was made to accept Item 4 of the proposed amendments as follows:

4. Page 3, line 12
Following: "SERVE"
Insert: "ALL"

A roll call vote was taken with 13 members voting yes and Representatives Bardanouve, Bradley, Hand, Lory, Peck, Spaeth and Waldron voting no. The motion carried.

A motion was made to accept Item 5 of the proposed amendments.

Representative Quilici made a substitute motion to amend the bill on Item 5 as follows:

5. Page 3, line 13
Following: "STATE"
Strike: "."
Insert: "INCLUDING THE UNSERVED AND UNDERSERVED
CITIZENS, AND"

A roll call vote was taken with 14 members voting yes and Representatives Donaldson, Ernst, Miller, Moore, Swift and Thoft voting no. The motion carried.

A motion was made to accept Item 6 of the proposed amendments as follows:

6. Page 3, line 14
Following: "EXPENDITURES FOR"
Insert: "NEW"

A roll call vote was taken and carried unanimously.

A motion was made to accept Item 7 of the proposed amendments as follows:

7. Page 3, line 17
Following: "(1)"
Strike: all material through line 18

A roll call vote was taken with 6 members voting yes and Representatives Bardanouve, Donaldson, Bradley, Connelly, Ernst, Hand, Manuel, Menahan, Miller, Quilici, Rehberg, Spaeth, Thoft and Winslow voting no. The motion failed.

Appropriations Committee
February 7, 1985

Representative Bradley made a motion to reconsider committee action on Item 3 of the proposed amendments and leave lines 7, 8 and 9 of Page 3 in the bill and amend the bill as follows:

- 7. Page 3, line 7
Following: "the"
Strike: "Governor's"
Insert: "council's"

A roll call vote was taken with 14 members voting yes and Representatives Manuel, Moore, Nathe, Quilici, Swift and Thoft voting no. The motion carried.

Representative Donaldson made a motion that SJR 9 AS AMENDED DO PASS. A roll call vote was taken with 13 members voting yes and Representatives Menahan, Moore, Quilici, Spaeth, Swift, Thoft and Waldron voting no. The motion carried.

Adjourn: The meeting adjourned at 6:10 p.m.



FRANCIS BARDANOUE, Chairman

DAILY ROLL CALL

APPROPRIATIONS

COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date February 7, 1985 a.m.

NAME	PRESENT	ABSENT	EXCUSED
BARDANOUE	X		
DONALDSON	X		
BRADLEY	X		
CONNELLY	X		
ERNST	X		
HAND	X		
LORY	X		
MANUEL	X		
MENAHAN	X		
MILLER	X		
MOORE	X		
NATHE	X		
PECK	X		
QUILICI	X		
REHBERG	X		
SPAETH	X		
SWIFT	X		
THOFT	X		
WALDRON	X		
WINSLOW	X		

STANDING COMMITTEE REPORT

February 7, 1935

MR. SPEAKER

We, your committee on APPROPRIATIONS

having had under consideration **SENATE JOINT RESOLUTION** Bill No. **3**

THIRD reading copy (BLUE)
color

A resolution supporting endorsing Governor's DD services recommendations.

SENATE JOINT RESOLUTION

Respectfully report as follows: That..... Bill No. 9

BE AMENDED AS FOLLOWS:

(Page 1 of 3)

1. Page 1, line 25
Following: "has"
Strike: "accepted"
Insert: "reviewed"
2. Page 2, line 2
Strike: "the"
Insert: "his"
3. Page 3, line 7
Following: "the"
Strike: "Governor's"
Insert: "council's"

NO PAGE

STATE PUB. CO.
Helena, Mont.

XXXXXXXXXXXXXXXXXXXXX Chairman.

COMMITTEE SECRETARY

February 7, 1935

SJR 3

(Page 2 of 2)

4. Page 3, line 12
Following: "SERVE"
Insert: "ALL"

5. Page 3, line 13
Following: "STATE"
Strike: "."
Insert: "INCLUDING THE UNSERVED AND UNDERSERVED CITIZENS, AND"

6. Page 3, line 14
Following: "EXPENDITURES FOR"
Insert: "NEW"

AND AS AMENDED,
DO PASS

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	AYE	NAY
Moore, Jack		
BARDANOUE, FRANCIS (Chairman)		X
DONALDSON, GENE (Vice Chairman)	X	
BRADLEY, DOROTHY		X
CONNELLY, MARY ELLEN		X
ERNST, GENE	X	
HAND, BILL		X
LORY, EARL	X	
MANUEL, REX	X	
MENAHAN, WILLIAM	X	
MILLER, RON	X	
MOORE, JACK	X	
NATHE, DENNIS	X	
PECK, RAY		X
QUILICI, JOE	X	
REHBERG, DENNIS	X	
SPAETH, GARY		X
SWIFT, BERNIE	X	
THOFT, BOB	X	
WALDRON, STEVE	X	
WINSLOW, CAL	X	

14

6

JEAN CARROLL
Secretary

FRANCIS BARDANOUE
Chairman

Motion: Accept Item 1 of proposed amendments (see Exhibit 8 in these Minutes for Item 1).

1. Page 1, line 25
Following: "has"
Strike: "accepted"
Insert: "reviewed"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Unknown	AYE	NAY
BARDANOUE, FRANCIS (Chairman)			X
DONALDSON, GENE (Vice Chairman)		X	
BRADLEY, DOROTHY		X	
CONNELLY, MARY ELLEN		X	
ERNST, GENE		X	
HAND, BILL		X	
LORY, EARL		X	
MANUEL, REX		X	
MENAHAN, WILLIAM		X	
MILLER, RON		X	
MOORE, JACK		X	
NATHE, DENNIS		X	
PECK, RAY			X
QUILICI, JOE		X	
REHBERG, DENNIS		X	
SPAETH, GARY		X	
SWIFT, BERNIE		X	
THOFT, BOB		X	
WALDRON, STEVE		X	
WINSLOW, CAL		X	
		18	2

JEAN CARROLL
Secretary

FRANCIS BARDANOUE
Chairman

Motion: Accpet Item 2 of proposed amendments (see Exhibit 8 in these Minutes for Item 2).

2. Page 2, line 2

Strike: "the"

Insert: "his"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Unknown	AYE	NAY
BARDANOUE, FRANCIS (Chairman)			X
DONALDSON, GENE (Vice Chairman)		X	
BRADLEY, DOROTHY		X	
CONNELLY, MARY ELLEN			X
ERNST, GENE		X	
HAND, BILL			X
LORY, EARL			X
MANUEL, REX			X
MENAHAN, WILLIAM		X	
MILLER, RON		X	
MOORE, JACK		X	
NATHE, DENNIS		X	
PECK, RAY			X
QUILICI, JOE		X	
REHBERG, DENNIS		X	
SPAETH, GARY			X
SWIFT, BERNIE		X	
THOFT, BOB		X	
WALDRON, STEVE			X
WINSLOW, CAL		X	
		12	8

JEAN CARROLL
Secretary

FRANCIS BARDANOUE
Chairman

Motion: Accept Item 3 of proposed amendments (see Exhibit 8 in these Minutes for Item 3).

3. Page 3

~~Strike: lines 7, 8 and 9 in their entirety~~

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Unknown	AYE	NAY
BARDANOUE, FRANCIS (Chairman)			X
DONALDSON, GENE (Vice Chairman)		X	
BRADLEY, DOROTHY			X
CONNELLY, MARY ELLEN		X	
ERNST, GENE		X	
HAND, BILL			X
LORY, EARL			X
MANUEL, REX		X	
MENAHAN, WILLIAM		X	
MILLER, RON		X	
MOORE, JACK		X	
NATHE, DENNIS		X	
PECK, RAY			X
QUILICI, JOE		X	
REHBERG, DENNIS		X	
SPAETH, GARY			X
SWIFT, BERNIE		X	
THOFT, BOB		X	
WALDRON, STEVE			X
WINSLOW, CAL		X	
		13	7

JEAN CARROLL

Secretary

FRANCIS BARDANOUE

Chairman

Motion: Accept Item 4 of proposed amendments (see Exhibit 8 in these Minutes for Item 4).

4. Page 3, line 12

Following: "SERVE"

Insert: "ALL"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Quilici	AYE	NAY
BARDANOUE, FRANCIS (Chairman)		X	
DONALDSON, GENE (Vice Chairman)			X
BRADLEY, DOROTHY		X	
CONNELLY, MARY ELLEN		X	
ERNST, GENE			X
HAND, BILL		X	
LORY, EARL		X	
MANUEL, REX		X	
MENAHAN, WILLIAM		X	
MILLER, RON			X
MOORE, JACK			X
NATHE, DENNIS		X	
PECK, RAY		X	
QUILICI, JOE		X	
REHBERG, DENNIS		X	
SPAETH, GARY		X	
SWIFT, BERNIE			X
THOFT, BOB			X
WALDRON, STEVE		X	
WINSLOW, CAL		X	
		14	6

JEAN CARROLL

Secretary

FRANCIS BARDANOUE

Chairman

Motion: Substitute motion to amend the bill on Item 5 as follows:

1. Page 3, line 13

Following: "STATE"

Strike: "."

Insert: "INCLUDING THE UNSERVED AND UNDERSERVED
CITIZENS, AND"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Unknown	AYE	NAY
BARDANOUE, FRANCIS (Chairman)		X	
DONALDSON, GENE (Vice Chairman)		X	
BRADLEY, DOROTHY		X	
CONNELLY, MARY ELLEN		X	
ERNST, GENE		X	
HAND, BILL		X	
LORY, EARL		X	
MANUEL, REX		X	
MENAHAN, WILLIAM		X	
MILLER, RON		X	
MOORE, JACK		X	
NATHE, DENNIS		X	
PECK, RAY		X	
QUILICI, JOE		X	
REHBERG, DENNIS		X	
SPAETH, GARY		X	
SWIFT, BERNIE		X	
THOFT, BOB		X	
WALDRON, STEVE		X	
WINSLOW, CAL		X	

20

JEAN CARROLL

Secretary

FRANCIS BARDANOUE

Chairman

Motion: Accept Item 6 of proposed amendments (see Exhibit 8 in these Minutes for item 6).

6. Page 3, line 14

Following: "EXPENDITURES FOR"

Insert: "NEW"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	Unknown	AYE	NAY
BARDANOUE, FRANCIS (Chairman)			X
DONALDSON, GENE (Vice Chairman)			X
BRADLEY, DOROTHY			X
CONNELLY, MARY ELLEN			X
ERNST, GENE			X
HAND, BILL		X	
LORY, EARL			X
MANUEL, REX			X
MENAHAN, WILLIAM			X
MILLER, RON			X
MOORE, JACK		X	
NATHE, DENNIS		X	
PECK, RAY		X	
QUILICI, JOE			X
REHBERG, DENNIS			X
SPAETH, GARY			X
SWIFT, BERNIE		X	
THOFT, BOB			X
WALDRON, STEVE		X	
WINSLOW, CAL			X
			X
		6	14

JEAN CARROLL

Secretary

FRANCIS BARDANOUE

Chairman

Motion: Accept Item 7 of proposed amendments (see Exhibit 8 of these Minutes for Item 7).

7. Page 3, line 17

Following: "(1)"

Strike: all material through line 18

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	AYE	NAY
Bradley		
BARDANOUE, FRANCIS (Chairman)	X	
DONALDSON, GENE (Vice Chairman)	X	
BRADLEY, DOROTHY	X	
CONNELLY, MARY ELLEN	X	
ERNST, GENE	X	
HAND, BILL	X	
LORY, EARL	X	
MANUEL, REX		X
MENAHAN, WILLIAM	X	
MILLER, RON	X	
MOORE, JACK		X
NATHE, DENNIS		X
PECK, RAY	X	
QUILICI, JOE		X
REHBERG, DENNIS	X	
SPAETH, GARY	X	
SWIFT, BERNIE		X
THOFT, BOB		X
WALDRON, STEVE	X	
WINSLOW, CAL	X	
	14	6

JEAN CARROLL
Secretary

FRANCIS BARDANOUE
Chairman

Motion: Reconsider committee action on Item 3 of the proposed
amendments and leave lines 7, 8 and 9 of Page 3 in the bill and amend
the bill as follows:

7. Page 3, line 7
Following: "the"
Strike: "Governor's"
Insert: "council's"

ROLL CALL VOTE

HOUSE COMMITTEE APPROPRIATIONS

DATE 2/7/85 BILL NO. SJR 9 TIME p.m.

NAME	AYE	NAY
Donaldson		
BARDANOUE, FRANCIS (Chairman)	X	
DONALDSON, GENE (Vice Chairman)	X	
BRADLEY, DOROTHY	X	
CONNELLY, MARY ELLEN	X	
ERNST, GENE	X	
HAND, BILL	X	
LORY, EARL	X	
MANUEL, REX	X	
MENAHAN, WILLIAM		X
MILLER, RON	X	
MOORE, JACK		X
NATHE, DENNIS	X	
PECK, RAY	X	
QUILICI, JOE		X
REHBERG, DENNIS	X	
SPAETH, GARY		X
SWIFT, BERNIE		X
THOFT, BOB		X
WALDRON, STEVE		X
WINSLOW, CAL	X	
	13	7

JEAN CARROLL

Secretary

FRANCIS BARDANOUE

Chairman

Motion: SJR 9 AS AMENDED DO PASS

A Plan
For Services
For The
Developmentally Disabled
Prepared Pursuant To
House Bill 909

Office of the Governor
Helena, Montana
1984

Q Report To
Governor
Jed Schwinden
From The
House Bill 909
Advisory Council
Established
Pursuant To
Section 2-15-122
Montana Code Annotated
Helena, Montana
1984

Senate Joint Resolution 9
(HB909 IMPLEMENTATION)

Senate Joint Resolution 9 proposes the acceptance of the governor's recommendations for providing services to the developmentally disabled. Those recommendations are found within the red colored publication entitled "A Plan For Services For The Developmentally Disabled Prepared Pursuant To House Bill 909".

WHAT IS INCLUDED IN THE GOVERNOR'S PLAN? WHAT AREAS ARE COVERED? WHAT IS THE LEGISLATURE BEING ASKED TO ACCEPT?

The plan calls for the following actions:

1. That SRS request funding to expand current services to generate approximately 285 new service slots to address the community waiting list.
2. That SRS request funding to serve presently institutionalized residents in "new more sophisticated" community-based programs. This biennium's request to serve 52 (of the 156 individuals who would be deinstitutionalized by FYE 89) in FY 87 is \$2,058,670.
3. That Department of Institutions request funding to transform BRSH into a specialized, state-operated 60-bed facility for developmentally disabled persons with severe behavior management problems. (Please see attached 20 year cost projection sheet.)
4. That the Department of Health and Environmental Services request funding to address prevention and early diagnosis of developmental disabilities.
5. That the Developmental Disabilities Division, BRSH and Eastmont be consolidated under one department.
6. That the roles of both BRSH and Eastmont, as specialized service centers and as components of the DD service continuum be defined.
7. That the roles of the community-based system components be defined and current deficiencies in the current system be addressed (i.e., establish service standards, develop a statewide client assessment system, improve case management, refine payment system).
8. That the effect of the reduction of the size of BRSH (on reduction of FTE and the economy of Boulder) be mitigated as much as possible through hiring preference mechanisms and creation of an economic impact task force organized by the Department of Commerce.

WHERE WILL THE RESIDENTS OF BRSH BE PLACED?

Those requiring total care, who have no significant medical problems and who will probably not benefit much from training will be placed at Eastmont.

Those who require some medical care and those who require intensive training will be placed in the Regional Resource Centers.

Those with the most severe behavior problems (about 45 individuals) will remain at BRSH.

WHAT IS A REGIONAL RESOURCE CENTER? ARE THEY JUST MINI-INSTITUTIONS?

Some information which describes the Regional Resource Centers has already been disseminated and is attached. Basically, though, the Regional Resource Centers are very much like current community-based services except that they offer more intensive training and professional resources.

Each Regional Resource Center will have a newly constructed day training center where the residents or clients go each day for pre-vocational and self-help training; occupational, physical and speech therapy.

The clients will live in one of seven (7) newly constructed intensive group homes dispersed throughout the city in which they are located. They will not be located on the same piece of property as the day program or next to other group homes. They will, therefore, not resemble "mini-institutions" or be perceived as "DD ghettos" but will blend in with other homes in residential areas.

WHO WILL BE SERVED IN THE REGIONAL RESOURCE CENTER? WHAT TYPES OF PEOPLE?

Two groups of individuals will be initially placed into the Regional Resource Centers:

1. Those individuals in this group are generally healthy and possess some self help skills. They may have some behavior problems but not so severe as to require a restrictive environment to protect themselves or others from harm. They are generally very low functioning when compared to individuals currently being served in community group homes.
2. Those individuals who require the availability of 24 hour nursing staff. Some are non-ambulatory. The functioning level of this group varies, but attention to chronic medical needs is essential.

WHEN WILL ALL THIS HAPPEN? WHAT WOULD TAKE PLACE THIS BIENNIUM?

Only one Regional Resource Center (1 day program, 7 group homes) would be designed, built and become operational during the 86-87 Biennium.

The actual implementation schedule of the entire plan is indicated below:

FY'86	JULY, 1985	DEVELOPMENT CONTRACT #1 (To secure funding, oversee construction, etc.)
	SPRING, 1986	RRC #1 CONSTRUCTION BEGINS
FY'87	JULY, 1986	DEVELOPMENT CONTRACT #2
	NOV, 1986	PLACEMENT BEGINS AT RRC #1

	JAN 1, 1987	PLACEMENT COMPLETED AT RRC #1 (52 individuals)
	SPRING, 1987	RRC #2 CONSTRUCTION BEGINS
FY'88	JULY, 1987	DEVELOPMENT CONTRACT #3
	DEC, 1987	PLACEMENT BEGINS AT RRC #2
	JAN 31, 1988	PLACEMENT COMPLETED AT RRC #2 (52 individuals)
	SPRING, 1988	RRC #3 CONSTRUCTION BEGINS
FY'89	DEC 1, 1988	PLACEMENT BEGINS AT RRC #3
	JAN 31, 1989	PLACEMENT COMPLETED AT RRC #3 (52 individuals)

HOW MUCH WILL IT COST SRS TO IMPLEMENT THE FIRST STAGE OF THE PLAN THIS BIENNIUM? HOW MUCH WILL THE REGIONAL RESOURCE CENTER COST?

The cost of implementing this biennium's portion of the plan is \$2,058,670. Of that amount \$1,508,110 is for 8 months of operations for the first Regional Resource Center which begins operation in FY'87.

WHY DOES THE DECISION ABOUT THE FUTURE OF BRSH HAVE TO BE MADE NOW? WHY DOES THE DECISION REGARDING CONSTRUCTION OF THE REGIONAL RESOURCE CENTERS HAVE TO BE MADE NOW?

Either way, significant construction will have to occur. If the size and function of BRSH remains at the status quo, it is projected that over \$5 million dollars will be necessary to renovate the institution. At the end of 20 years, those facilities would be at the end of their useful life (based on estimates of the Architectural and Engineering Division) and Montana would again have to either rebuild BRSH or develop another alternative at that time.

If the Regional Resource Centers (a total of three) are constructed, the state retains the maximum amount of flexibility regarding their future use. In 20 years only half of the useful life will have been used (estimates of Architectural and Engineering Division). If the population to be served changes these group homes can readily be modified to meet those changing needs. If the needs for these facilities no longer exist, they could even be sold as private residences.

FURTHER QUESTIONS? Please call Mike Muszkiewicz, Administrator Developmental Disabilities Division, 444-2995.

REGIONAL RESOURCE CENTERS

HISTORY

Montana state law (53--20--101, MCA) mandates services to developmentally disabled individuals whenever possible, in community--based settings. The Governor's proposal for implementing the recommendations of the House Bill 909 Council calls for community--based services for the majority of Montana's currently institutionalized population to be developed during the 1987 and 1989 biennia. SRS is requesting authorization and funding to accomplish development, using a Regional Resource Center as the model for service delivery.

POPULATION DESCRIPTION

156 of the developmentally disabled individuals remaining in Montana's two state--operated institutions will be served in three community--based locations. These individuals are more severely disabled than the people currently in the community system. They require well--trained staff who can provide necessary medical, therapy and other support services to meet more intense needs.

RESOURCE CENTER

Description: Each of the three centers consists of one day program and seven dispersed "satellite" group homes under one administrative structure. Each center will serve 52 individuals and employ approximately 100 people.

Location: These centers should be located in larger population areas so that medical facilities, manpower and other resource requirements will be more readily available. The centers can serve as resources for staff training and service development to the entire community--based system, particularly if affiliated with a college or university.

Rationale: The development of three Regional Resource Centers is proposed as an approach which combines the administrative advantages of centralized services with the treatment advantages to individuals who live in small, integrated community residences.

FUNDING

Through the competitive bid process, SRS will contract with private, non--profit corporations to build, develop and maintain the centers and services. Capital costs of these centers will be borne by issuance of Montana Health Facility Authority Bonds (authorized by Title 90, Chapter 7, MCA). The annualized cost per center is projected to be approximately 2.3 million dollars.

TIMELINES

Construction of the first center will begin in early 1986, with services to begin late that same year. The second and third centers will open in late 1987 and 1988, respectively.

A PLAN FOR SERVICES FOR CURRENT BRSH RESIDENTS 20 YEAR COST PROJECTION

	FY 86	FY 87	FY 88	FY 89	FY 90	TOTAL COST 20 YEARS
BRSH Operations ¹	10,815,483	10,195,647	8,256,953	5,624,823	3,299,750	87,688,458
BRSH Capital ²	0	468,610	468,610	468,610	468,610	8,903,590
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TOTAL (FV)	11,180,049	12,572,426	12,944,237	12,601,626	11,236,708	228,985,666

PRESENT VALUE (20 YEARS)
116,858,842

MAINTAIN STATUS QUC AT BRSH

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PRESENT VALUE (20 YEARS)						112,790,720

1 FY 86 budget request represents executive budget. FY 87-FY90 budgets reflect reductions in operational costs resulting from deinstitutionalization and reductions in force completed in FY 1990. Estimates based on FY 85 costs and pay matrix, no inflation.

2 FY 86 preconstruction activities; FY 87-FY 89 phases 1 and 2 of remodelling, construction, and demolition of old buildings on BRSH campus resulting in consolidated 60-bed facility. The costs indicated are debt serve payments on \$4,664,520 in construction financed through LRBP @ 9% over 20 years.

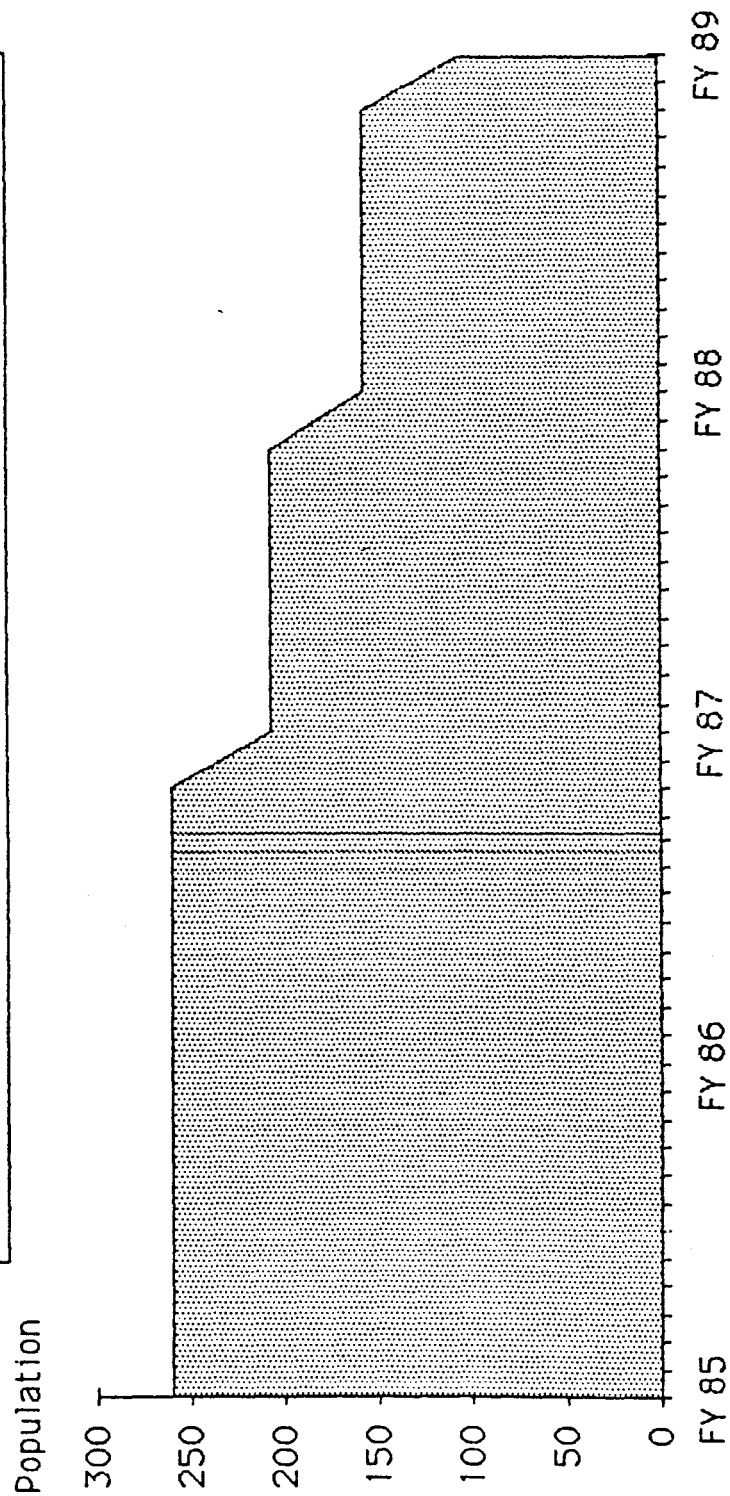
3 FY 86 increase in administrative costs linked to preparation of intensive service center (ISC) development process; FY 87 - FY 90 represents estimated costs associated with phased operation of 3 ISCs. FY -87 cost is for 8 months of ISC operation.

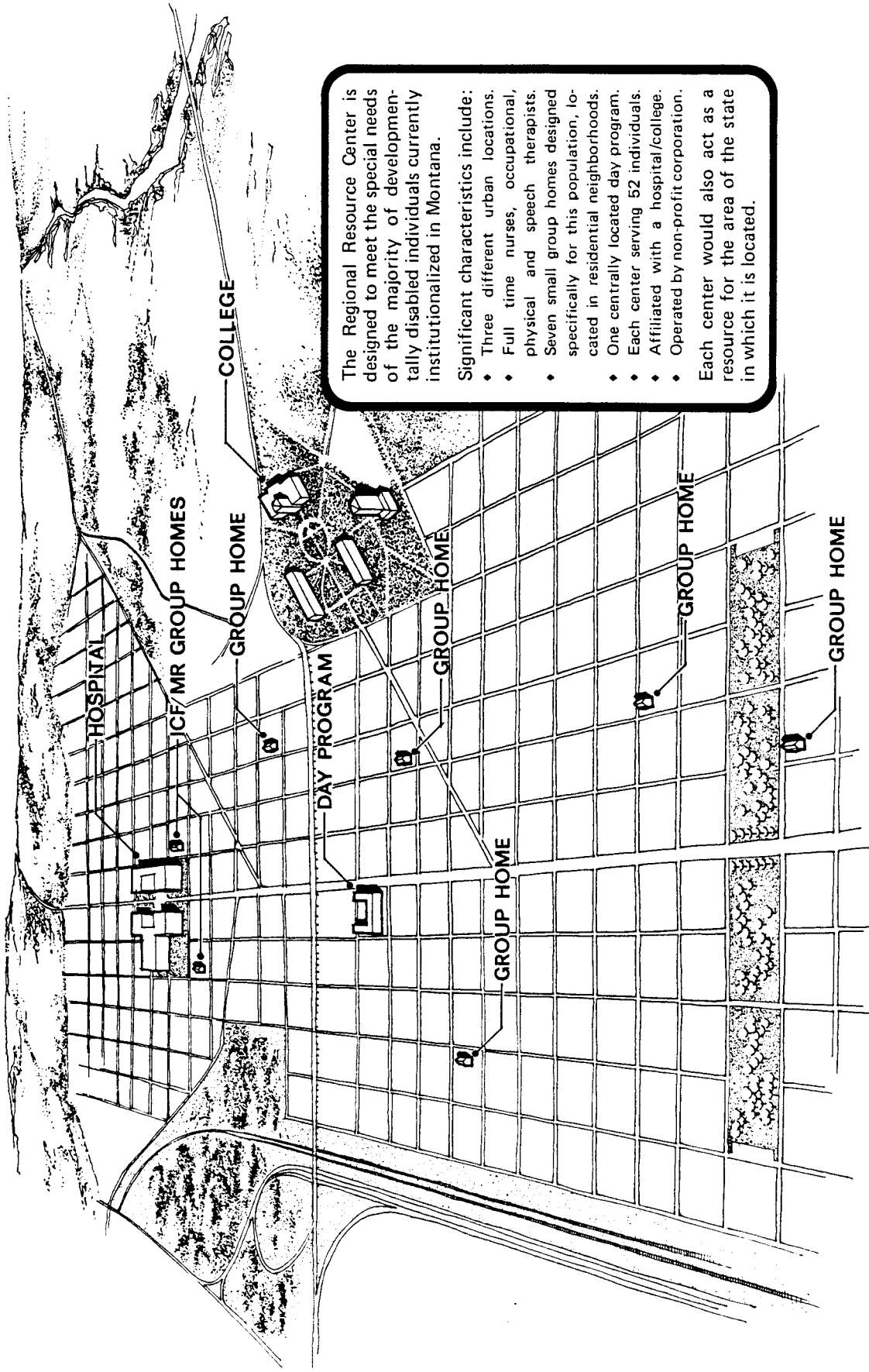
4 Debt service for phased construction of three ISCs, totalling \$9,298,500 in Health Facilities Bonds. Annual debt service is \$334,643 per center per annum.

5 Continuation of approved BRSH budgets, assuming no change in size or mission of BRSH.

6 Renovation costs necessary to maintain BRSH at present size and function. The costs indicated are debt service for 20 years. \$4,110,700 in construction financed through LRBP bonds @ 9% over 20 years.

Population at Boulder River School and Hospital & Eastmont





The Regional Resource Center is designed to meet the special needs of the majority of developmentally disabled individuals currently institutionalized in Montana.

Significant characteristics include:

- Three different urban locations.
- Full time nurses, occupational, physical and speech therapists.
- Seven small group homes designed specifically for this population, located in residential neighborhoods.
- One centrally located day program.
- Each center serving 52 individuals.
- Affiliated with a hospital/college.
- Operated by non-profit corporation.

Each center would also act as a resource for the area of the state in which it is located.

REGIONAL RESOURCE CENTERS

THE LEAGUE OF WOMEN VOTERS MONTANA

In keeping with our long standing commitment to community based services, the League of Women Voters of Montana supports SJR 9. We believe regional day centers with associated group homes are the most successful in achieving optimum habilitation, training and care of the developmentally disabled persons. This system is also the most cost effective in achieving these objectives. Regional day centers and associated community group homes have the flexibility to meet future changes in population, treatment, prevention, as well as advances in science and technology. For these reasons the League of Women Voters of Montana urges you to vote for SJR 9.

Respectfully,

Kathy Karp

January 25, 1985

Representative Francis Bardanoue
Chairman, House Appropriations Committee
Capital Station
Helena, MT 59620

Dear Representative Bardanoue:

I appreciated the opportunity to testify before the Joint Committee on Resolution 9. Everyone who wished to testify was given the opportunity to do so, and your committee members were attentive and interested even though I'm sure they were very tired.

There were several issues, however, which were not clarified during testimony. First Mr. Joe Roberts' figures on the number of admissions to Boulder River School and Hospital (BRSH) since July, 1979, were misleading. The facts regarding admissions to BRSH since that date are as follows:

New admissions, i.e., those who had never been residents of BRSH were 16; transfers from Montana State Hospital (also had never been residents of BRSH) were 5; readmissions were 22 (10 from community placements and 12 from Montana State Hospital); for a total of 43. Several of the clients counted as readmissions were clients who had been admitted to BRSH for short term evaluations or medical treatment, and their stays ranged from one day to several weeks. BRSH has experienced over the last two biennia an admission/readmission rate of 8 to 10 clients a year. The reasons for these admission/readmissions are because of inappropriate placements (those at Montana State Hospital), severe handicapping conditions for which no community services were available and severe behavior problems community facilities either could not or would not provide.

Total admissions 22
Comment: not all of
Reg. in services
(ISC center)

Second, Dr. Opitz's comments that prevention is the key to lowering the numbers of developmentally disabled persons entering the system is accurate. He stated more funds earmarked for prevention and especially for genetic counseling is needed. Although one of the legislators testified that over \$400,000 has been appropriated for perinatal (prenatal, natal, and postnatal) programs, no mention was made as whether any of these funds would be earmarked for genetic counseling and genetic services. From what Dr. Opitz told the HB 909 Council, genetics services has received little funding to date.

The last issue is that of the DD services waiting list. Attached to this letter are figures given to the HB 909 Council from the Developmental Disabilities Division of SRS, the Office of Public Instruction, and the Legislative Finance Committee Report. I believe the figures speak for themselves.

Representative Francis Bardanouve
January 25, 1985
Page Two

I support the HB 909 Council's recommendations to Governor Schwinden and much of the Governor's implementation plan. However, the DD Division led the Council to believe that the Intensive Service Centers (ISC) would provide services to clients on the community waiting lists as well as some from BRSH and Eastmont. The Governor's implementation plan allows for placements only from BRSH and Eastmont into the ISC's, with no beds for waiting list clients. I have not seen the Priorities for People budget, so do not know what types of services would be provided for the 285 people from the waiting lists. I was led to believe, however, the PFP budget does not include additional ISC's. I know for a fact there are clients in the community who need ISC placements.

I again thank you and your committee members for the interest shown at the public hearing and your continuing efforts to provide support for our DD people.

Yours truly,

A handwritten signature in cursive script, reading "Barbara A. Sutherlin".

Barbara A. Sutherlin
Member, House Bill 909 Council

January 25, 1985

Senator Pat Regan
Chairman, Senate Finance and Claims Committee
Capital Station
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Barbara A. Sutherlin
Member, House Bill 909 Council

(DD Divison's Report to the HB Council)

The tables below constitute the DDD's documentation of the waiting list for services. Additional detail, indicating demand for services by county, is available.

Waiting List (June 30, 1983)
Waiting List by Service Category

<u>Service Category</u>	<u>Adults</u>	<u>Children</u>
Vocational Programs	329	
Adult Group Homes	258	
Transitional Living	46	
Independent Living	94	
Family Training		94
Respite Care		61
Children's Group Home		36
Specialized Foster Care		14
Unduplicated Totals	539	176

Waiting List By DD Planning Region

<u>DD Planning Region</u>	<u>Adults</u>	<u>Children</u>	<u>Total</u>
Region I	203	65	268
Region II	183	32	215
Region III	140	71	211
Statewide *	13	8	21
Unduplicated Totals	539	176	715

*Statewide: Refers to clients who will accept services provided anywhere in the state.

Waiting List - Services Needed By DD Planning Regions

<u>Service Category</u>	<u>Region I</u>		<u>Region II</u>		<u>Region III</u>		<u>Statewide *</u>	
	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>
Vocational Programs	120	-	83	-	117	-	9	-
Adult Group Homes	93	-	106	-	46	-	13	-
Transitional Living	26	-	10	-	8	-	2	-
Independent Living	35	-	48	-	10		1	-
Family Training	-	41	-	13	-	40	-	0
Respite Care	-	0	-	9	-	52	-	0
Children's Group Home	-	22	-	8	-	0	-	6
Specialized Foster Care	-	9	-	3	-	0	-	2
Unduplicated Total	203	65	183	32	140	71	13	8

*Statewide: refers to clients who will accept services provided anywhere in the state.

Statewide Unduplicated Count Of Mentally Retarded Students
By Age and Class

<u>Student Age</u>	<u>Regular Class</u> <u>(Less Than 15 Hrs/Wk)</u>	<u>Separate Class</u> <u>(More Than 15 Hrs/Wk)</u>
1	1	-
2	4	-
3	9	9
4	17	11
5	20	18
6	19	33
7	19	71
8	22	56
9	30	64
10	28	68
11	35	73
12	30	88
13	19	88
14	19	80
15	25	87
16	27	100
17	29	86
18	17	78
19	4	31
20	3	17
21	1	4
22	1	-
<u>TOTAL</u>	<u>379</u>	<u>1062</u>

Question 7. How many developmentally disabled special education students are expected to graduate from eligibility in the next 5-10 years, by year:

- ° Due to age
- ° Due to personal growth or attainment
- ° By county

Response. This information is not available. Several factors are responsible. Because of the permissive nature of providing services to handicapped persons over age 18, programs vary among school districts. Also, the upper limit of compulsory attendance (the later of age 16 or completion of 8th grade) influences the number of persons remaining in school programs beyond the specified periods.

Many of the community service providers maintain contact with the local school districts within their areas to ascertain the potential influx of clients.

Question 8. Are there any estimates of the number of potentially eligible developmentally disabled who remain unserved by special education?

Response. Legislative and regulatory mandates require that all handicapped persons receive a free appropriate education. This office has maintained an extensive "child find" process through school districts, special education cooperatives and the general public. At this time, we are not aware of any

Table 7
Number of Service Slots Available by End of
1983 Biennium

<u>Service</u>	<u>Service Slots Available Before Expansion</u>	<u>Expansion Slots</u>	<u>Total Service Slots Available by July 1, 1983</u>
Children's Group Home	46	4	50
Adult Group Home	391	72	463
Day Services	964	166	1,130
Transportation	911	166	1,077
Semi-Independent Support	161	58	219
Family Training	404	15	419
Respite	<u>361</u>	<u>0</u>	<u>361</u>
Total	3,238 =====	481 ===	3,719 =====

The above table shows that 481 new service slots will be added with the expansion money. However, more service slots will be needed for the 1985 biennium. The table below looks at service slots needed in 1985.

Table 8
Service Slots Needed in 1985 Biennium

<u>Service</u>	<u>Service Slots Needed Currently</u>	<u>Special Education Graduates</u>	<u>BRS&H and Eastmont Deinstitution.</u>	<u>Total Service Slots Needed by 1985</u>
Children's Group Home	87	0	0	87
Adult Group Home	656	41	11	708
Day Services	1,252	82	11	1,345
Transportation	1,178	82	11	1,271
Semi-Independent Support	262	12	0	274
Family Training	470	0	0	470
Respite	<u>406</u>	<u>0</u>	<u>0</u>	<u>406</u>
Total	4,311 =====	217 ===	33 ==	4,561 =====

By the end of fiscal 1985, 4,561 service slots will be needed. This includes special education graduates in 1983 and 1984 and the deinstitutionalization of 11 persons from the institutions.

Table 9
Comparison of Service Slots Available
and Service Slots Needed by
1985 Biennium

<u>Service</u>	<u>Service Slots Needed</u>	<u>Service Slots Available</u>	<u>New Slots Needed</u>
Childrens Group Home	87	50	37
Adult Group Home	708	463	245
Day Services	1,345	1,130	215
Transportation	1,271	1,077	194
Semi-Indep. Support	274	219	55
Family Training	470	419	51
Respite	406	361	45
Total	4,561 =====	3,719 =====	842 ===

Table 9 shows that 3,719 slots will be available at the beginning of the 1985 biennium and 4,561 service slots will be needed.

Thus, the total number of new service slots needed during the 1985 biennium is approximately 842. Two hundred forty-five additional group home slots, 215 day-service slots and 37 children's group home slots will be needed. Factors which make these numbers approximations are the unknown variables of the amount of movement through the system and the number of special education graduates. When examining the above tables the following factors should be considered:

1. No allowance has been made for attrition or movement through the system. The current duplication on the waiting list has been considered. However, one goal of the DD system is to move people through the system.

WITNESS STATEMENT

Name Vernon R. Bertelson Committee On Appropriations
Address 1111 # 1 Orono Date Feb 7 1985
Representing Self & D.D.P.A.C. Support ✓
Bill No. S. 9 R. # 9 Oppose _____
Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: See Minutes

1. 909 Committee performed a careful and outstanding piece of work providing a blue print for future direction of D.D. services in Montrose.
2. We have for years searched for an in depth study of how to deal with mental illness of Hospital and Eastmont - that in the last time we had the committee direction for Montrose to proceed with vision for the future and
3. compassion for the communities affected and the employees affected.
4. Prevention is an essential ingredient of this plan. We cannot be longer. Now teenagers girls to bear, brain damaged alcohol dependent children because we have failed to deal with the danger.
D.D.P.A.C. votes unanimously to endorse the recommendations of 909 study

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

SENATE JOINT RESOLUTION NO. 9

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES
OF THE STATE OF MONTANA EXPRESSING THE VIEWS OF THE LEGISLATURE
RELATING TO PROVISION OF SERVICES TO DEVELOPMENTALLY DISABLED PERSONS,
PURSUANT TO HOUSE BILL 909 OF THE 49TH LEGISLATURE.

WHEREAS, House Bill 909 passed by the 48th Legislature required
the Governor to study and prepare recommendations for providing
services to developmentally disabled persons; and

WHEREAS, the Governor appointed an advisory council representing
service providers, the Legislature, the community of Boulder,
professionals concerned with developmental disabilities, and the
general public; and

WHEREAS, the council solicited the comments, advice, and
testimony of consumers, legislators, and professionals and
analyzed the current and alternative service systems; and

WHEREAS, the Governor has reviewed the advisory council's
recommendations and set forth a plan to implement his recommendations;
and

WHEREAS, section 53-20-101, MCA, provides:

"53-20-101. Purpose. The purpose of this part is to:

(1) secure for each person who may be developmentally disabled
such treatment and habilitation as will be suited to the needs of
the person and to assure that such treatment and habilitation are
skillfully and humanely administered with full respect for the
person's dignity and personal integrity;

(2) accomplish this goal whenever possible in a community-based setting;

(3) accomplish this goal in an institutionalized setting only when less restrictive alternatives are unavailable or inadequate and only when a person is so severely disabled as to require institutionalized care; and

(4) assure that due process of law is accorded any person coming under the provisions of this part."; and

WHEREAS, the advisory council's study concluded that programs serving developmentally disabled persons could be pursued with cost savings and greater efficiency if they were under the control of a single agency; and

WHEREAS, the appropriations committee of the 49th Legislature requires the direction of the Legislature on the Governor's recommendations before it can fully review the budgets of the Departments of Social and Rehabilitation Services and Institutions and the long-range building program.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

(1) that the Legislature's highest priority with regard to the provision of programs for the developmentally disabled is to appropriately serve all the developmentally disabled in the state, especially the unserved and underserved citizens; and,

(2) that expenditures for new facilities made for the purpose of providing different services to the currently served population be consistent with the Legislature's highest priority as set in (1).

Amend SENATE JOINT RESOLUTION NO. 9, second reading copy

1. Page 1, line 25
Following: "has"
Strike: "accepted"
Insert: "reviewed"
2. Page 2, line 2
Strike: "the"
Insert: "his"
3. Page 3
Delete: lines 7, 8 and 9
4. Page 3, line 12
Following: "SERVE"
Insert: "ALL"
5. Page 3, line 13
Following: "STATE"
Insert: "ESPECIALLY THE UNSERVED AND UNDERSERVED CITIZENS, AND"
6. Page 3, line 14
Following: "FOR"
Insert: "NEW"
7. Page 3, line 17
Following "(1)"
Delete material through line 18

**A PLAN FOR SERVICES FOR CURRENT BRSH RESIDENTS
20 YEAR COST PROJECTION**

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112,790,720

- 1 FY 86 budget request represents executive budget. FY 87-FY90 budgets reflect reductions in operational costs resulting from deinstitutionalization and reductions in force completed in FY 1990. Estimates based on FY 85 costs and pay matrix, no inflation.
- 2 FY 86 preconstruction activities; FY 87-FY 89 phases 1 and 2 of remodelling, construction, and demolition of old buildings on BRSH campus resulting in consolidated 60-bed facility. The costs indicated are debt service payments on \$4,664,520 in construction financed through LRRP @ 9% over 20 years.
- 3 FY 86 increase in administrative costs linked to preparation of intensive service center (ISC) development process; FY 87 - FY 90 represents estimated costs associated with phased operation of 3 ISCs. FY -87 cost is for 8 months of ISC operation.
- 4 Debt service for phased construction of three ISCs, totalling \$9,298,500 in Health Facilities Bonds. Annual debt service is \$334,643 per center per annum.
- 5 Continuation of approved BRSH budgets, assuming no change in size or mission of BRSH.
- 6 Renovation costs necessary to maintain BRSH at present size and function. The costs indicated are debt service payments on \$5,116,788 in construction financed through LRRP bonds @ 9% over 20 years.

RECENT MAINTENANCE PROJECTS FOR
BOULDER RIVER SCHOOL & HOSPITAL

1. Repair & Maintenance Projects requested and projects funded by LRBP for the last three (3) bienniums. Projects to upgrade, improve existing facilities, or construct new facilities, are not included in this list.

1979 - 1981 Biennium

PROJECTS REQUESTED

Heat Controls for 5 buildings	\$ 78,677.00
Seal Coat Existing Paving	59,346.00
Master Key Lock System, Phase II	31,840.00

PROJECTS FUNDED None

1981 - 1983 Biennium

PROJECTS REQUESTED

Repair Bathing Areas in Cottages 10 & 15	\$ 189,216.00
Replace Roofs	321,547.00
Install Heat Controls for 5 Buildings	105,710.00
Repair and Paint Water Tank	5,000.00
Seal Coat Existing Paving	68,248.00
Master Key Lock System, Phase II	33,872.00

PROJECTS FUNDED

Repair Cottage Showers	150,000.00
Replace Roofs	154,496.00
Water Tower Maintenance	12,953.00
	<hr/>
	\$ 317,449.00

1983 - 1985 Biennium

PROJECTS REQUESTED

Repair Cottages 10-15, Phase II	\$ 294,442.00
Roof Replacement	385,856.00
Energy Retrofit	750,000.00
Seal Coat Paving	81,898.00
Master Key Lock System, Phase II	40,646.00
Riprap Boulder River	146,584.00

PROJECTS FUNDED

Roof Replacement	\$ 31,628.00
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(2/6/85)

Recent Maintenance Projects for
Boulder River School & Hospital
Page 2

2. Repair and Maintenance Projects which were requested in the 1985 - 1987 LRBP. This does not include improvement or new construction projects.

1985 - 1987 Biennium

PROJECTS REQUESTED

Repair Cottages 10-15, Phase II	\$ 330,835.00
Remove Asbestos in Warehouse	65,000.00
Install Fire Suppression System in Hood in Canary Kitchen	17,250.00
Energy Retrofit	750,000.00
Master Key Lock System, Phase II	45,670.00
Riprap Boulder River	164,702.00
Roof Replacement Repair	<u>115,940.00</u>

TOTAL 1985 - 1987 REPAIR & MAINTENANCE REQUESTS \$1,489,397.00

PROJECTS RECOMMENDED FOR FUNDING

Roof Repair	\$ 6,500.00
-------------	-------------

3. The 909 report includes \$300,000 to repair Cottages 10-15. See the attached cost breakdown.
4. A copy of the spread sheet of services for current Boulder River School & Hospital residents is enclosed. If this office can be of any assistance in answering questions you may have, we will meet with you at your convenience.

CONSTRUCTION SCHEDULE
FOR REQUESTED PROJECTS
BOULDER RIVER SCHOOL & HOSPITAL

PROJECTS PROJECTED TO BEGIN CONSTRUCTION IN 1985

Install fire suppression system in hood over grille in Canary Kitchen	\$ 17,250
Repair or replace roofs on buildings 6, 7 and 104B	115,940
Install master key lock system, Phase II	45,670
Install street lighting	25,000
Remodel Cottages 16ab to provide privacy bathing/bathroom facilities	33,400
Install safety ladder for water tower	<u>71,961</u>
TOTAL 1985 CONSTRUCTION	\$309,221

PROJECTS PROJECTED TO BEGIN CONSTRUCTION IN 1986

Construct small resident living treatment units	\$674,160
Install emergency generator for Cottages 10-15, 50, 55, two pumps and freezers	208,372
Construct a multi-purpose maintenance/warehouse building	432,000
Retrofit all heated buildings	750,000
Close central heating plant, provide decentralized heating units, rebury water lines, and cap unused utilities	1,000,000
Demolish buildings no longer in use, and recap utilities	143,400
Install a new phone system	<u>217,200</u>
TOTAL 1986 CONSTRUCTION	3,425,132

PROJECTS PROJECTED TO BEGIN CONSTRUCTION IN 1987

Relocate electrical switching gear	\$150,000
Pave service entrance, road around Cottages 10-15 and parking area	126,100
Repair Cottages 10-15, Phase II	330,835
Demolish buildings abandoned by new construction	300,000 (Est.)
Replace bridge over Boulder River	<u>475,500</u>
TOTAL 1987 CONSTRUCTION	\$1,382,435
TOTAL PROJECT	\$5,116,788

CONSTRUCTION SCHEDULE
TO RENOVATE
BOULDER RIVER SCHOOL & HOSPITAL
TO A 60 BED FACILITY

PROJECTED EXPENDITURES FOR FY '86

Plan facility for 60 bed operation	\$100,000
TOTAL FOR FY 1986	\$100,000

PROJECTED EXPENDITURES FOR FY '87

Programmatic alterations to Cottages 10-15 to provide 4 residential units, a living skills training unit and a vocational training unit.	696,480
Repair floors, ceilings and windows in resident living units.	300,000
Install an emergency generator for the cottages.	208,370
Alter sidewalks and minor landscaping.	<u>8,150</u>
TOTAL EXPENDITURES FOR FY '88	1,213,000

PROJECTED EXPENDITURES FOR FY '88 and FY '89

Construct a new administration building to include kitchen, administration, therapy and a multi-purpose activity area.	1,384,400
Construct a new maintenance/warehouse building.	580,220
Pave roadways and parking, modify utilities and complete landscaping.	661,750
Demolish unused buildings.	<u>725,150</u>
TOTAL	3,351,520
TOTAL EXPENDITURES FOR FY '88	1,675,760
TOTAL EXPENDITURES FOR FY '89	1,675,760

Senate Joint Resolution 9
(HB909 IMPLEMENTATION)

Senate Joint Resolution 9 proposes the acceptance of the governor's recommendations for providing services to the developmentally disabled. Those recommendations are found within the red colored publication entitled "A Plan For Services For The Developmentally Disabled Prepared Pursuant To House Bill 909".

WHAT IS INCLUDED IN THE GOVERNOR'S PLAN? WHAT AREAS ARE COVERED? WHAT IS THE LEGISLATURE BEING ASKED TO ACCEPT?

The plan calls for the following actions:

1. That SRS request funding to expand current services to generate approximately 285 new service slots to address the community waiting list.
2. That SRS request funding to serve presently institutionalized residents in "new more sophisticated" community-based programs. This biennium's request to serve 52 (of the 156 individuals who would be deinstitutionalized by FYE 89) in FY 87 is \$2,058,670.
3. That Department of Institutions request funding to transform BRSH into a specialized, state-operated 60-bed facility for developmentally disabled persons with severe behavior management problems. (Please see attached 20 year cost projection sheet.)
4. That the Department of Health and Environmental Services request funding to address prevention and early diagnosis of developmental disabilities.
5. That the Developmental Disabilities Division, BRSH and Eastmont be consolidated under one department.
6. That the roles of both BRSH and Eastmont, as specialized service centers and as components of the DD service continuum be defined.
7. That the roles of the community-based system components be defined and current deficiencies in the current system be addressed (i.e., establish service standards, develop a statewide client assessment system, improve case management, refine payment system).
8. That the effect of the reduction of the size of BRSH (on reduction of FTE and the economy of Boulder) be mitigated as much as possible through hiring preference mechanisms and creation of an economic impact task force organized by the Department of Commerce.

WHERE WILL THE RESIDENTS OF BRSH BE PLACED?

Those requiring total care, who have no significant medical problems and who will probably not benefit much from training will be placed at Eastmont.

Those who require some medical care and those who require intensive training will be placed in the Regional Resource Centers.

Those with the most severe behavior problems (about 45 individuals) will remain at BRSH.

WHAT IS A REGIONAL RESOURCE CENTER? ARE THEY JUST MINI-INSTITUTIONS?

Some information which describes the Regional Resource Centers has already been disseminated and is attached. Basically, though, the Regional Resource Centers are very much like current community-based services except that they offer more intensive training and professional resources.

Each Regional Resource Center will have a newly constructed day training center where the residents or clients go each day for pre-vocational and self-help training; occupational, physical and speech therapy.

The clients will live in one of seven (7) newly constructed intensive group homes dispersed throughout the city in which they are located. They will not be located on the same piece of property as the day program or next to other group homes. They will, therefore, not resemble "mini-institutions" or be perceived as "DD ghettos" but will blend in with other homes in residential areas.

WHO WILL BE SERVED IN THE REGIONAL RESOURCE CENTER? WHAT TYPES OF PEOPLE?

Two groups of individuals will be initially placed into the Regional Resource Centers:

1. Those individuals in this group are generally healthy and possess some self help skills. They may have some behavior problems but not so severe as to require a restrictive environment to protect themselves or others from harm. They are generally very low functioning when compared to individuals currently being served in community group homes.
2. Those individuals who require the availability of 24 hour nursing staff. Some are non-ambulatory. The functioning level of this group varies, but attention to chronic medical needs is essential.

WHEN WILL ALL THIS HAPPEN? WHAT WOULD TAKE PLACE THIS BIENNIUM?

Only one Regional Resource Center (1 day program, 7 group homes) would be designed, built and become operational during the 86-87 Biennium.

The actual implementation schedule of the entire plan is indicated below:

FY'86	JULY, 1985	DEVELOPMENT CONTRACT #1 (To secure funding, oversee construction, etc.)
	SPRING, 1985	RRC #1 CONSTRUCTION BEGINS
FY'87	JULY, 1986	DEVELOPMENT CONTRACT #2
	NOV, 1986	PLACEMENT BEGINS AT RRC #1

	JAN 1, 1987	PLACEMENT COMPLETED AT RRC #1 (52 individuals)
	SPRING, 1987	RRC #2 CONSTRUCTION BEGINS
FY'88	JULY, 1987	DEVELOPMENT CONTRACT #3
	DEC, 1987	PLACEMENT BEGINS AT RRC #2
	JAN 31, 1988	PLACEMENT COMPLETED AT RRC #2 (52 individuals)
	SPRING, 1988	RRC #3 CONSTRUCTION BEGINS
FY'89	DEC 1, 1988	PLACEMENT BEGINS AT RRC #3
	JAN 31, 1989	PLACEMENT COMPLETED AT RRC #3 (52 individuals)

HOW MUCH WILL IT COST SRS TO IMPLEMENT THE FIRST STAGE OF THE PLAN THIS BIENNIUM? HOW MUCH WILL THE REGIONAL RESOURCE CENTER COST?

The cost of implementing this biennium's portion of the plan is \$2,058,670. Of that amount \$1,508,110 is for 8 months of operations for the first Regional Resource Center which begins operation in FY'87.

WHY DOES THE DECISION ABOUT THE FUTURE OF BRSH HAVE TO BE MADE NOW? WHY DOES THE DECISION REGARDING CONSTRUCTION OF THE REGIONAL RESOURCE CENTERS HAVE TO BE MADE NOW?

Either way, significant construction will have to occur. If the size and function of BRSH remains at the status quo, it is projected that over \$5 million dollars will be necessary to renovate the institution. At the end of 20 years, those facilities would be at the end of their useful life (based on estimates of the Architectural and Engineering Division) and Montana would again have to either rebuild BRSH or develop another alternative at that time.

If the Regional Resource Centers (a total of three) are constructed, the state retains the maximum amount of flexibility regarding their future use. In 20 years only half of the useful life will have been used (estimates of Architectural and Engineering Division). If the population to be served changes these group homes can readily be modified to meet those changing needs. If the needs for these facilities no longer exist, they could even be sold as private residences.

FURTHER QUESTIONS? Please call Mike Muszkiewicz, Administrator Developmental Disabilities Division, 444-2995.

REGIONAL RESOURCE CENTERS

HISTORY

Montana state law (53--20--101, MCA) mandates services to developmentally disabled individuals whenever possible, in community--based settings. The Governor's proposal for implementing the recommendations of the House Bill 909 Council calls for community--based services for the majority of Montana's currently institutionalized population to be developed during the 1987 and 1989 biennia. SRS is requesting authorization and funding to accomplish development, using a Regional Resource Center as the model for service delivery.

POPULATION DESCRIPTION

156 of the developmentally disabled individuals remaining in Montana's two state--operated institutions will be served in three community--based locations. These individuals are more severely disabled than the people currently in the community system. They require well--trained staff who can provide necessary medical, therapy and other support services to meet more intense needs.

RESOURCE CENTER

Description: Each of the three centers consists of one day program and seven dispersed "satellite" group homes under one administrative structure. Each center will serve 52 individuals and employ approximately 100 people.

Location: These centers should be located in larger population areas so that medical facilities, manpower and other resource requirements will be more readily available. The centers can serve as resources for staff training and service development to the entire community--based system, particularly if affiliated with a college or university.

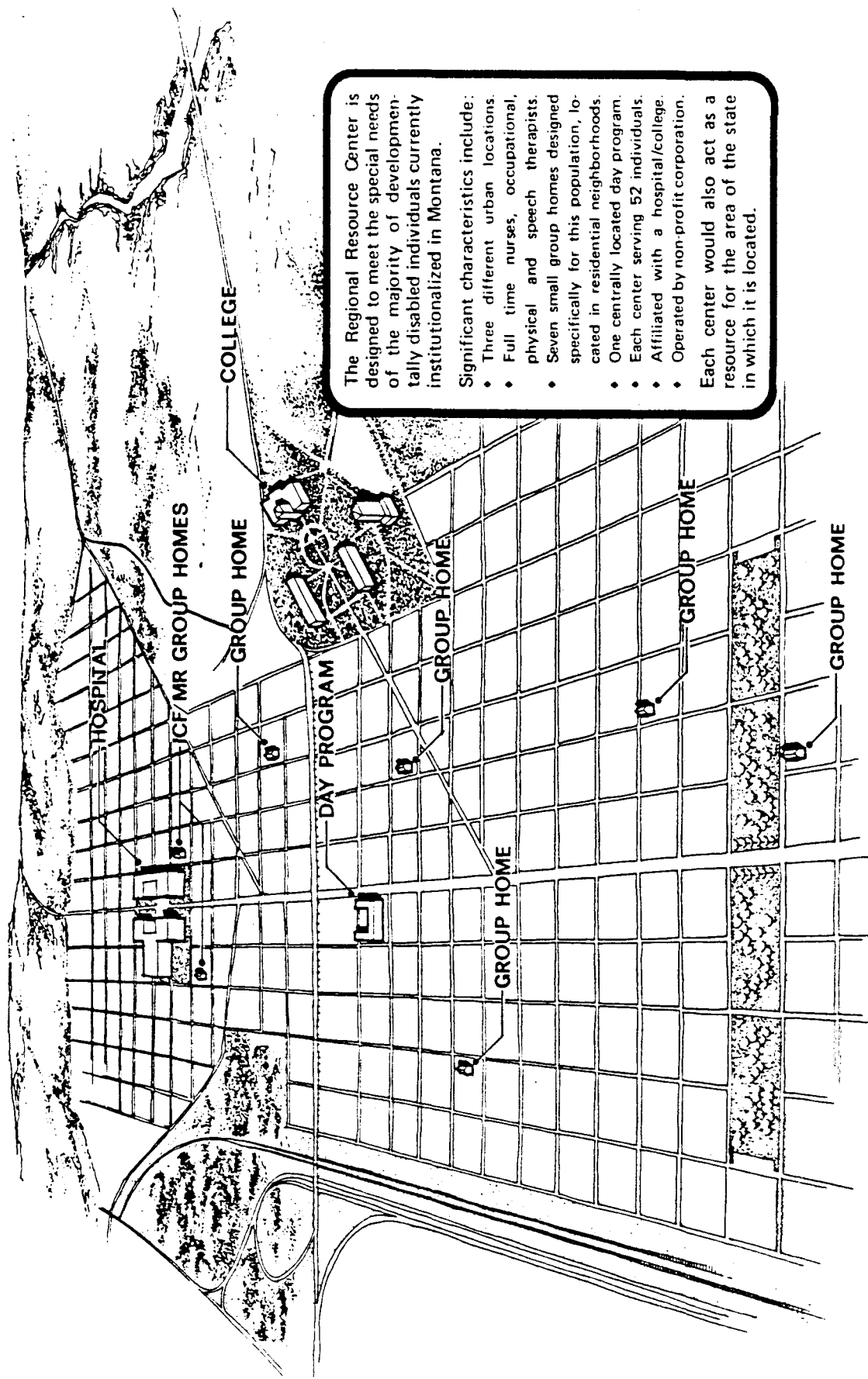
Rationale: The development of three Regional Resource Centers is proposed as an approach which combines the administrative advantages of centralized services with the treatment advantages to individuals who live in small, integrated community residences.

FUNDING

Through the competitive bid process, SRS will contract with private, non--profit corporations to build, develop and maintain the centers and services. Capital costs of these centers will be borne by issuance of Montana Health Facility Authority Bonds (authorized by Title 90, Chapter 7, MCA). The annualized cost per center is projected to be approximately 2.3 million dollars.

TIMELINES

Construction of the first center will begin in early 1986, with services to begin late that same year. The second and third centers will open in late 1987 and 1988, respectively.



The Regional Resource Center is designed to meet the special needs of the majority of developmentally disabled individuals currently institutionalized in Montana.

Significant characteristics include:

- Three different urban locations.
- Full time nurses, occupational, physical and speech therapists.
- Seven small group homes designed specifically for this population, located in residential neighborhoods.
- One centrally located day program.
- Each center serving 52 individuals.
- Affiliated with a hospital/college.
- Operated by non-profit corporation.

Each center would also act as a resource for the area of the state in which it is located.

REGIONAL RESOURCE CENTERS

Peter Kinzler
7310 Stafford Road
Alexandria, Virginia 22307

November 8, 1984

The Honorable Dave Durenberger
U. S. Senate
Washington, D. C. 20510

Dear Senator Durenberger:

In the months since I testified before your Health Subcommittee in February about S. 2053, the Community and Family Living Act Amendments of 1983, I and others in the Parents Network have been seeking ways to move the discussion of care for the handicapped off an emotional basis and onto a factually-grounded basis. Only such an approach can generate the light necessary to improve the lives of both handicapped people and their families.

While most of the parents in the Parents Network are highly satisfied with the care our children are receiving in institutions, we are aware that there are bad institutions and that there are still many handicapped people elsewhere who are not receiving proper care. Therefore, we have been exploring possibilities for devising a better system than today's. As part of this effort, we have talked with advocates of S.2053. Unfortunately, those talks have been unproductive because each time we have raised questions about the factual bases of S. 2053, our questions have been met with dogma, rather than facts. We've also examined alternative proposals to S. 2053 from many sources and even considered proposing one ourselves. However, we have concluded that a pervasive lack of basic data not only makes the implications of S.2053 impossible to determine but also would prove fatal to any other proposal at this time.

S. 2053 contains three basic assumptions-- 1., that all handicapped people would be better off in community living arrangements rather than in institutions; 2., that the cost of care in group homes is so much lower than the cost of care in institutions that many more handicapped people could be served at lower cost if all Federal funding went to group homes; and 3., that future handicapped populations will not change significantly from the present population.

November 8, 1984
Honorable Dave Durenberger
Page 2

What is missing from your hearing record-- and from the literature-- are any tough-minded, valid studies that support these assumptions. With respect to the question of what circumstances provide the best care for the handicapped, the most thorough and thoughtful literature suggests that the place of residence is only one of many variables, and not necessarily among the more important ones. Other factors such as the staff-to-resident ratio and the training of the staff may be far more important. S.2053 focuses solely on residence and does not address these other factors at all.

Equally important, the bill assumes that S. 2053 would not increase the costs to the Federal government. This contention appears preposterous. The Finance Committee has received estimates that the eligible population under S. 2053 would be between 625,000 and 2 million people, or from 350% to 1340% more people than are presently receiving Medicaid funds. How can one possibly assess the budgetary impact without more accurate data? Moreover, those estimates came off the top of people's heads. The short answer is that we don't know how many handicapped people are out there who would be eligible for services under S. 2053.

In addition, we don't know whether community care would in fact be cheaper than institutional care. We have a number of studies that say so but, in this case, quantity is not the same as quality. Most of those studies compare apples with oranges, the mildly retarded in the communities with the profoundly retarded in the institutions or the cost of institutions that meet Medicaid standards with group homes that don't. They also compare different constellations of services, from the total care of institutions to the partial care in group homes. Let me just cite two of myriad examples. In the Pennhurst study, data from an entire Pennsylvania county were lost and even the study team advised people not to quote it. Similarly a small Nebraska study on which setting enables the retarded to make more progress, which was presented to the Health Subcommittee at the Minnesota hearing, concluded that the people in the community made more progress. But when we had two Ph.D's from the University of Maryland, who have no vested interest in this matter, check the study, they concluded that of the four comparisons made, only one was valid and it was inconclusive. As with so many of these studies, no one ever questions the methodology.

November 8, 1984
Honorable Dave Durenberger
Page 3

A third crucial assumption is that the handicapped population will not change over time. But changes in medical knowledge and demography could radically alter the handicapped population and its care needs over the next 10 or 20 years. Any legislation must attempt to anticipate likely changes over the life of the law.

Given these basic deficiencies, we would like to propose to you that a thorough study be done-- under the auspices of your Subcommittee-- to develop the relevant data so that we can determine whether the best use is being made of Federal assistance to the handicapped or whether some changes-- major or minor-- would produce a better system. We would suggest that the following work needs to be done:

1. Basic data about the handicapped population need to be collected. How many handicapped people are there? What is the nature of their handicapping conditions? Where are they located? What are their present and likely future needs? How are those needs being met presently and how will they be met in the future under existing programs? And what would have to be done to meet their needs to a greater degree (as measured from a slight improvement to the maximum achievable level)? We have some of this information - particularly for the retarded in institutions and group homes - but we don't have all of it for these groups and we have almost none for the retarded living in their homes or for the physically handicapped.

2. An assessment of the quality of the training and care provided handicapped people outside the home-- in institutions and community living arrangements-- needs to be made. This examination also should search out the reasons for any shortcomings, such as lack of proper standards, inadequate funds, inadequately trained staff or lack of public acceptance. The study would try to determine what factors - including the training of staff, qualifications of staff, staffing ratios, professional support and environment - produce the best progress for handicapped people. As is clear, this phase of a study would be critical.

3. An analysis of the present unmet needs of the handicapped would be only the first step. A next logical step would be an analysis of the impact of likely changes over the next 25 years (the possible life of any new legislation). This phase of the study should look at the

Mr. Chairman Members of The Committee
My Name is Roger Nummerdor
I am Employed As a Carpenter
at Boulder River School & Hosp.

I have attended all the HEARINGS
of SRRY and am here because
of so many Inquiries I have
received.

There was a Mr. Joe Roberts
employed here who had over 16 kids
Alone in Boulder since 79.

While his Commitment was TRUE
It was only a half Truth
and Growth of the IN fact
was not a Admission.

He mentioned
to me "the" ^{They were} message at the
station. He was the ADM. at
from Jan 1981.

Another 22 were READMISSIONS FROM
THE COMMUNITY & WARM SPRINGS.
12 were FROM THE COMMUNITY &
12 were FROM WARM SPRINGS.

THE TRUE TOTAL IS 43 NOT
16 as Mr. ROBERT WOULD LEAD YOU
TO BELIEVE.

ALTHOUGH THESE NUMBERS WERE WRONG
WE HAD NO ONE HERE AT THE
JOINT HEARING TO DISPUTE THEM.

UPON QUESTIONING WHY I WAS TOLD
THAT THEY WERE NOT TRUSTED
TO REPORT, I GAVE ONLY

THE ADMINISTRATORS OF SRS WERE TRUSTED
BY OTHERS. THEY WERE ^{ALL} WHITE
LEAVING 20 AFRICAN AMERICANS & ALL
KINDS OF PEOPLE.

THIS ONE SMALL THING
LEADS ME TO WONDER WHAT
THE ADMINISTRATION WANTS TO HIDE.

BEST COPY
AVAILABLE

During the war, there was the
facilities made up of SPS & the
CRA. There were also a few
Resident Mr. Joe Watkins. That
the house was built by CRST. He
had a great lot for food. I had
Joe while he was in Boulder
and he was the one out of Boulder
for 5 years. When I was in the
house, I found to be an excellent
man. I found a good house for the
Boulder until after
the war was over.
I also had a great lot. Joe was
at the house. I was in the
house. I would have been in Boulder at
the time. I was in the house.
I was in the house. I was in the
house. I was in the house. I was in the

BEST COPY
AVAILABLE

Do Not

Most of our neighbors have a
20' lot - I would like to
lease for with a couple of
acres to grow.

For a comparison of road work
with the filling our household
to find an example -
The following is a list of
the things which I have
found for the last 1500
miles of road in Long
Boulevard.

- Flower 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378

2/7/85

DEVELOPMENTAL DISABILITIES DIVISION --- PROGRAM OVERVIEW AND SUMMARY

SRS

INTRODUCTION

The developmental disabilities community-based service system established officially as a result of the 1975 legislative session involves:

DEVELOPMENTALLY DISABLED INDIVIDUALS, defined by MCA 53-20-102 as individuals who have "disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition related to mental retardation and requiring treatment similar to that required by mentally retarded individuals."

DEVELOPMENTAL DISABILITIES DIVISION

PROVIDERS OF SERVICE

DD PLANNING AND ADVISORY COUNCIL and REGIONAL COUNCILS

HISTORICAL BACKGROUND

- 1975-1977
- \$5.2 million appropriated
 - development of day training programs and group homes
 - 280 placed from institutions to community-based programs
 - development of services to children and families
 - 1,289 individuals served by end of biennium.
- 1977-1979
- no appropriation for expansion of services
 - development of waiting lists for services, particularly special education graduates
 - 38 placed from institutions
 - 1,550 individuals served by end of biennium, the increase mostly in child and family services.
- 1979-1981
- \$315,000 appropriated for deinstitutionalizing 60 from institutions, 62 were placed
 - continued growth of waiting lists due to lack of expansion funds for persons in the community
 - 1,630 individuals served by end of biennium
- 1981-1983
- \$1.8 million appropriated for expansion for services to address waiting lists
 - 346 persons served from the waiting lists (half were previously receiving no D.D. services)
 - development of new services: transitional living training, intensive training homes, and vocational job placement
 - 13 individuals placed from institutions
 - 1,808 individuals served by end of biennium.
- 1983-1985
- \$968,712 appropriated to place 16 persons from BRSH and Eastmont, 22 individuals placed as of December 1984
 - development of new service, specialized family care, for 30 children and their families
 - 1,946 individuals receiving services as of December 1984.

DD COMMUNITY-BASED SERVICES

Currently there are 1,946 individuals served in D.D. community-based service programs. The D.D. Division has FY 85 contracts with 57 service providers in 32 cities throughout Montana. The services provided include **day training centers** with transportation for adults. **Residential services** include community group homes for adults and children and transitional living and independent living training for adults. **Services available to children** living in natural or foster homes include: family training, respite and specialized family care. **Support services** include: adaptive equipment, evaluation and diagnosis and summer day programs for children. (see attached service descriptions -- Appendix A)

CURRENT ISSUES

Community Waiting Lists — The expanding community waiting lists are putting tremendous pressure on the entire D.D. service system with frustrated parents, appeals and threatened court suits. There are at least 20 prospective clients competing for most service openings that occur. In the past two years there has been no service expansion possible, but young special education students continue to graduate from school programs. Currently there are over 800 persons on waiting lists, with the average time on waiting lists almost 2 years. A plan has been developed by PFP (Priorities for People) to address the service needs of about 285 persons on waiting lists. It is critical that some service expansion occur in the next two years for persons living in the community, particularly when there may not even be institutional alternatives for these persons in the future. (see attached graphic information on community waiting lists -- Appendix B and C)

Deinstitutionalization of BRSH — The past legislature commissioned a study of Montana services to developmentally disabled, HB 909. The recommendations of this committee included reducing BRSH from about 200 residents to 52 persons with severe behavioral problems. Further recommendations were for the placement of 156 persons from institutions to community-based services programs. The D.D. Division recommends the Regional Resource Center model to serve this population, made up of persons more severely handicapped than those currently being served in the community.

ATTACHED TABLES AND GRAPHS:

Appendix A - Today's Service System

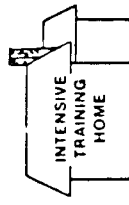
Appendix B - Community Waiting List for DD Services (historic line graph)

Appendix C - Community Waiting List for DD Services (map of Montana)

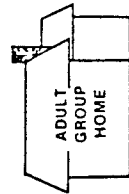
CLIENTS SERVED AND COST PER YEAR PER CLIENT

(Today's Service System)

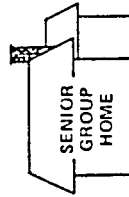
ADULT RESIDENTIAL SERVICES



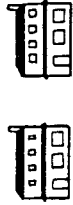
70 Adults
\$18,217



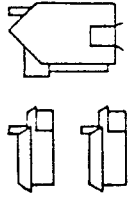
376 Adults
\$6,317



32 Adults
\$7,143



55 Adults
\$4,492



177 Adults
\$2,969

INDEPENDENT
LIVING

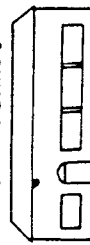
INTENSIVE TRAINING HOMES - These homes serve adults who have very low self-help skills or inappropriate problem behaviors and cannot be served in typical 8-person group homes. More intensive training is provided and a higher staff/client ratio exists. The goal of this service is to prepare the client to move to regular adult group homes. There are 9 intensive training homes.

ADULT GROUP HOMES - The majority of adults live in a typical model 8-person group home, with two staff. Training is provided to help clients become more independent residentially; such as cooking, housekeeping, and leisure skills. The goal of this service is to enable clients to move to transitional or independent living. There are 46 adult group homes.

SENIOR GROUP HOMES - These homes provide a supervised living situation for elderly clients with an emphasis on leisure/social skills and maintenance of self-help skills. There are 4 homes, located in Great Falls and Helena.

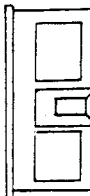
ADULT DAY SERVICES

Basic Life Centers



112 Adults
\$6,684

Work Activity Centers



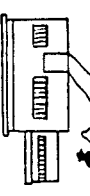
480 Adults
\$5,371

Sheltered Workshops



470 Adults
\$4,662

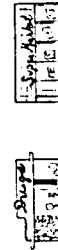
Senior Day Programs



60 Adults
\$3,710



Vocational Placement



26 Adults
\$3,111

COMPETITIVE
EMPLOYMENT

BASIC LIFE CENTERS - Provide day training services to adults who are not ready for vocationally oriented programs. Many of these clients do not have all primary self-help skills, some have physical handicaps and some have severe maladaptive behaviors. These programs must have higher staff/client ratios to serve clients with more intensive training needs. There are 3 developmental centers located in Helena, Great Falls and Billings. The goal of this service is to prepare the clients to move to regular vocationally oriented day services.

WORK ACTIVITY CENTERS - These services are provided to adults and include the majority of day programs in the state. These programs provide a range of services from functional academics job skill training, and actual work for which clients receive reimbursement for their production. There are 26 work activity centers in Montana. The goal of this service is to prepare clients to move to sheltered workshops, Voc. Rehab. programs or competitive employment.

TRANSITIONAL LIVING SERVICES - This service provides an intermediate step between group home and independent living training and promotes movement out of the group homes. This service model provides staff to train and supervise the clients who are more responsible for doing their own cooking, shopping and cleaning. The clients live in congregate apartments with a staff person living at the complex for supervision. There are 8 transitional living programs.

INDEPENDENT LIVING TRAINING - This service provides support services to enable clients to live in their own apartments. It provides staff to visit these clients as needed on evenings and weekends to provide training in independent living skills such as menu planning and money management. Staff do not live on-site. The goal of this service is to prepare clients to live independently in the community. There are 22 independent living training services.

SHELTERED WORKSHOPS - These services are provided to clients in 7 facilities which have joint Voc. Rehab. funding. The workshops are similar to work activity centers but have more specific work available and easier access to Voc. Rehab. and job placements. The goal of this service is to prepare clients to move to Voc. Rehab. or competitive employment.

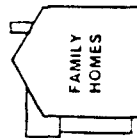
VOCATIONAL PLACEMENT - This service provides actual job placement for clients in the community. Training for the job and follow along services are provided. This service only exists in Billings and Livingston where it has been very successful. The DD Division hopes to expand this service to all larger towns when funding becomes available.

SENIOR DAY PROGRAMS - These programs are not vocationally oriented, but rather provide training and activities more specific to the needs of the elderly, such as socialization and leisure skills, community activities and maintenance of self-help skills. There are 3 senior day programs, located in Helena, Great Falls, and Butte.

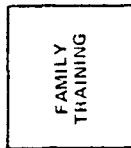
Developmental Disabilities Division

CLIENTS SERVED AND COST PER YEAR PER CLIENT

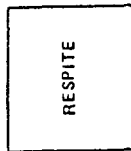
CHILD & FAMILY SERVICES



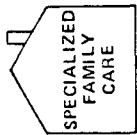
707 Families
\$1,897



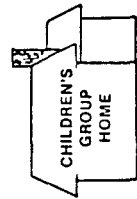
408 Families
\$2,710



467 Families
\$504

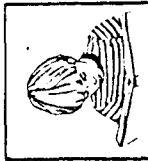


30 Families
\$13,333



57 Children
\$17,903

Summer Day Programs



61 Children
\$646

ADULT
SERVICES

SERVICES TO FAMILIES — Family training, respite and specialized family training services are provided to natural and foster parents with developmentally disabled children. There are 6 primary service programs providing outreach services to developmentally disabled children and their families. They are located in Glasgow, Miles City, Billings, Great Falls, Helena, and Missoula. Each of these programs provide outreach services in multi-county areas.

Family Training — provides assistance to parents in training their own child.

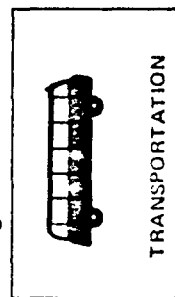
Respite Services — provides for temporary relief periods to parents from the continuous care of a disabled family member.

Specialized Family Care — provides extra support services for natural and specialized foster homes to better enable them to keep their children at home.

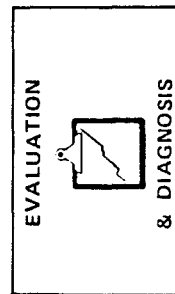
CHILDREN'S GROUP HOMES — These homes are intended to serve only children who cannot remain in natural or foster homes. Many of these children have serious physical and medical disabilities, most are learning primary self-help skills like feeding and dressing, and some have serious maladaptive behaviors. Without these homes, there would be few alternatives for these children except placement in nursing homes or institutions. There are 13 children's group homes.

SUMMER DAY PROGRAM — This service provides for a day training program for children during the summer. It primarily serves children living in children's group homes to maintain skills learned during the school year.

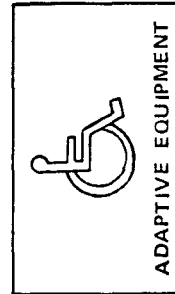
SUPPORT SERVICES



1,073 Clients
\$721



286 Clients
\$1,189



250 Clients
\$270

TRANSPORTATION — This service is needed to get clients to day training programs from their residences. There are 1,073 clients who receive this service.

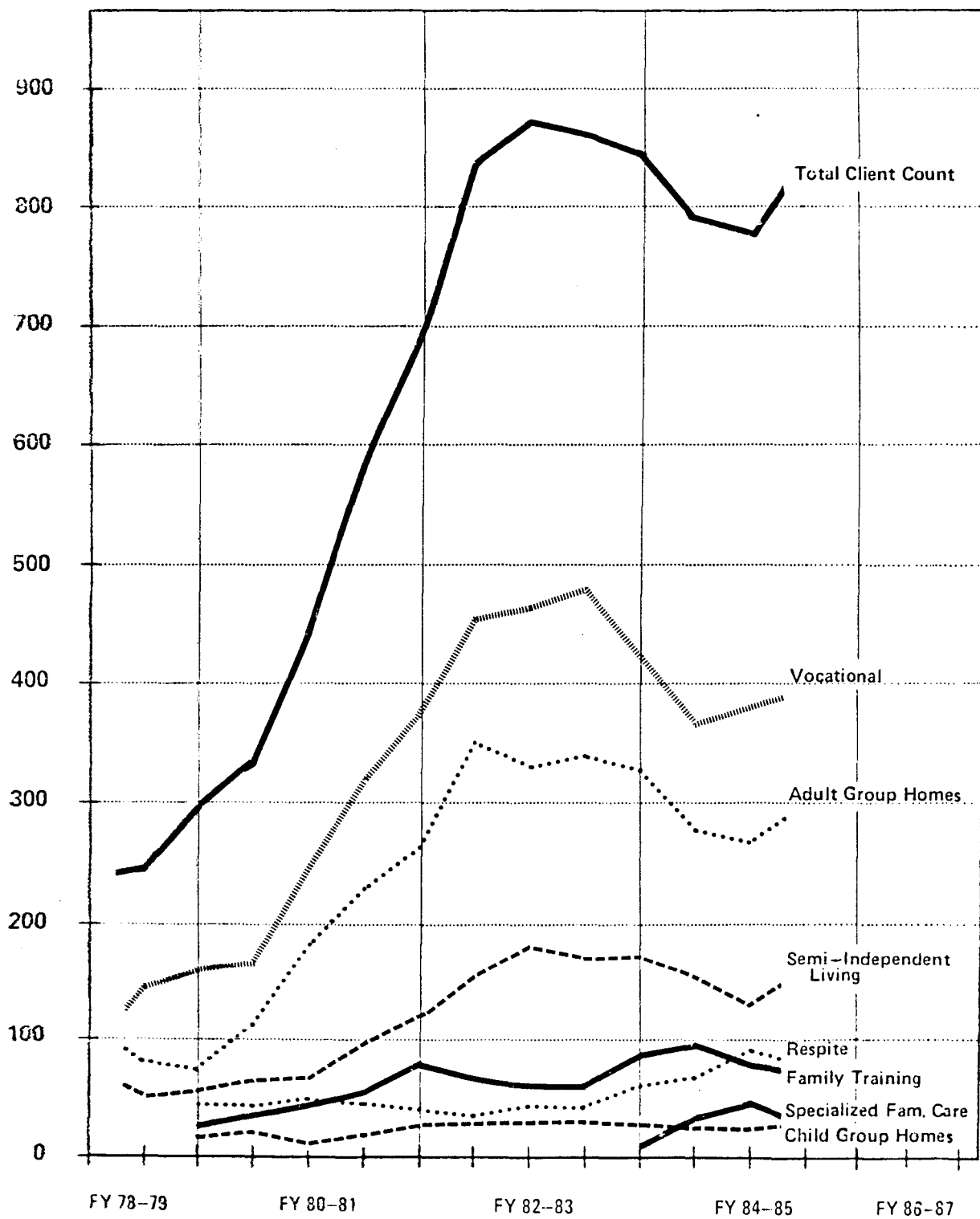
EVALUATION AND DIAGNOSIS SERVICES — These services provide comprehensive evaluation services to determine handicapping conditions and recommend needed treatment and training services. There are 2 programs funded by the Division, located in Missoula and Glendive.

ADAPTIVE EQUIPMENT — The Division contracts for statewide adaptive equipment and consultation services for physically handicapped, developmentally disabled persons. The program staff design and provide specialized equipment, such as wheelchairs. The main office is in Helena with satellite offices in Kalispell and Billings.



DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY WAITING LIST FOR DD SERVICES

Statewide Count

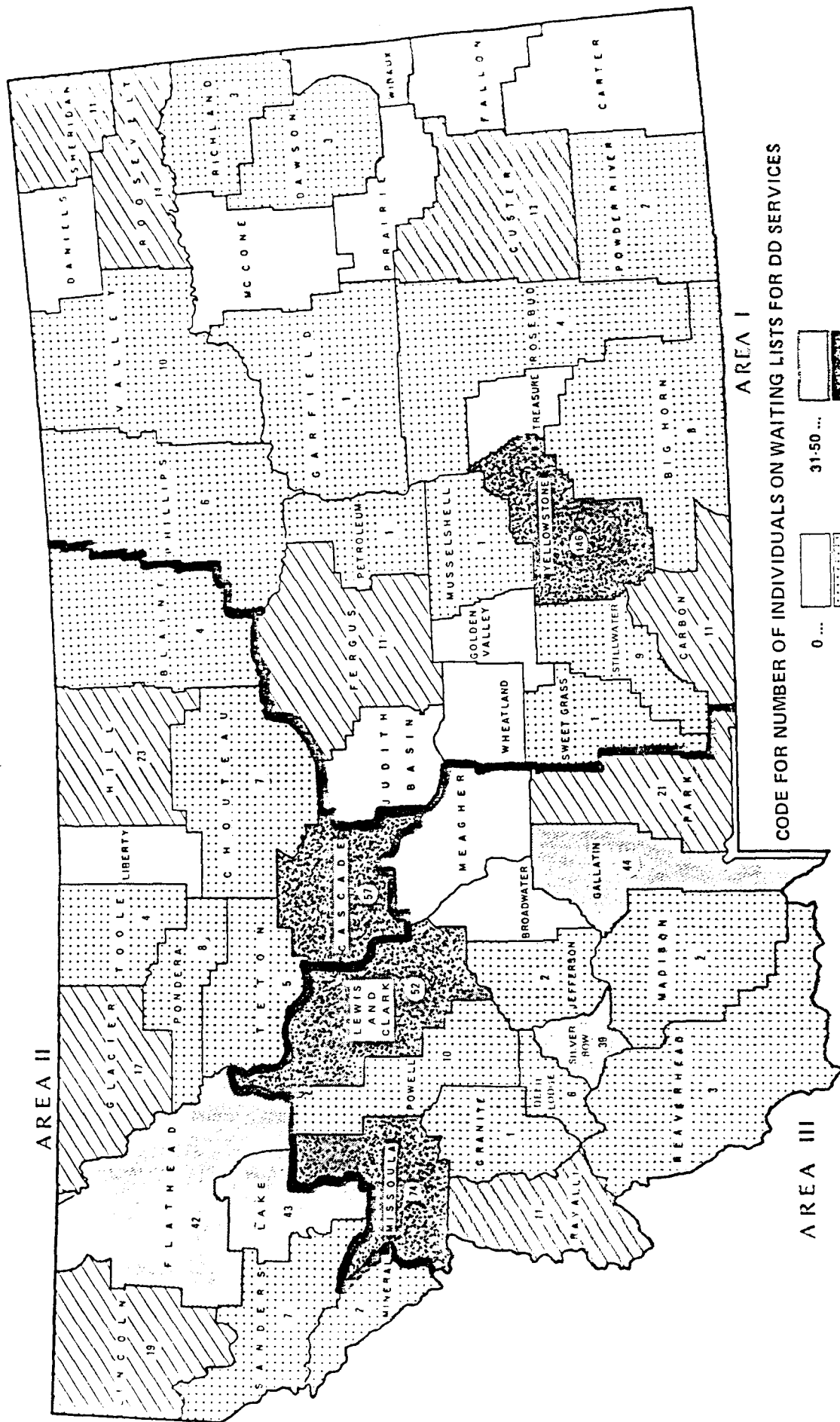


LEGISLATIVE ACTIONS FOR SERVICE EXPANSION

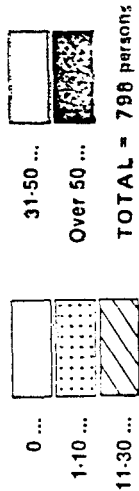
- FY 76-77 \$5.2 million appropriated, new services developed.
- FY 73-79 No expansion authorized.
- FY 80-81 Expansion for 60 people from institutions only.
- FY 82-83 \$1.5 million expansion for community people. New services developed.
- FY 84-85 16 people from institutions. New Specialized Family Care Service.

DEVELOPMENTAL DISABILITIES DIVISION COMMUNITY WAITING LIST FOR DD SERVICES

September 1984



CODE FOR NUMBER OF INDIVIDUALS ON WAITING LISTS FOR DD SERVICES



Community Service Waiting List
September, 1984
Developmental Disabilities Division

Summary

AREA	V	IGH	GH	TL	IL	FT	R	CGH	SFC	ADULT	CHILD	TOTAL
I	138	2	86	24	20	35		7	24	199	57	256
II	83	20	80	39	15	6	3	20	11	188	35	223
III	105	10	53	23	21	47	87			152	113	265
Statewide	41	2	35	4				9	7	41	13	54
TOTALS	367	34	254	90	56	88	90	36	42	580	218	798*

*This number only includes special ed students who will graduate by June, 1986.

AREA I

CITY	V	IGH	GH	TL	IL	FT	R	CGH	SFC	ADULT	CHILD	TOTAL
Miles City	3		3		1	4			2	7	6	13
Glasgow	2		2	1		2				3	2	5
Sidney	2		2							3		3
Malta	2		1	4						6		6
Plentywood	3	1	2	7						10		10
Glendive	1		1			1			1	1	2	3
Poplar	4	1	3							4		4
Shland	2		2							2		2
Lame Deer						2					2	2
Wolf Point	7		4	3		3				7	3	10
Medicine Lake	1		1							1		1
Nashua	1		2							2		2
Jordan	1		1							1		1
Broadus	2		2							2		2
Opheim	1		1							1		1
Hinsdale	2		2							2		2
Subtotals	34	2	29	15	1	12			3	52	15	67

AREA I (Cont.)

CITY	V	IGH	GH	TL	IL	FT	R	CGH	SFC	ADULT	CHILD	TOTAL
Billings	55		43	9	14	15		6	14	85	29	114
Blgs/Vo Plac	34									34		34
Hardin	6				2					8		8
Red Lodge	2		10			1				10	1	11
Lewistown	6		3		3	1			1	8	3	11
Roundup						1					1	1
Worden						1					1	1
Winnet									1		1	1
Columbus	1		1			1		1	5	2	5	7
Big Timber						1					1	1
Subtotal	104		57	9	19	23		7	21	147	42	189
AREA I												
TOTALS	138	2	86	24	20	35		7	24	199	57	256

AREA II

CITY	V	IGH	GH	TL	IL	FT	R	CGH	SFC	ADULT	CHILD	TOTAL
Cut Bank					2					4		4
Great Falls	29	6	11	1	2	5	2	4	6	41	16	57
Harlem	1	1	3							4		4
Havre	6	4	8	1				10	5	12	11	23
Browning			7	2	7					13		13
Conrad	3		2	1	2					6		6
Big Sandy			6							6		6
Shelby	1		1	1			1			3	1	4
Choteau				4	1					5		5
Geraldine								1			1	1
Kalispell	21		18	8	1	2		4		33	6	39
Plains	3	2	3				1			5	1	6
Polson	5	7	11				4			20	4	24
Ronan	2		6	7						14		14
Columbia Falls						1					1	1
Libby	8		1	10		1				16	1	17
Whitefish	1					1				1	1	2
Pablo				4						4		4
Valier								1			1	1
Thompson Falls	1		1							1		1
Superior							2				2	2
Brady						1					1	1
Eureka	1		1			1				1	1	2
Charlo	1		1							1		1
AREA II												
TOTALS	83	20	80	39	15	12	10	20	11	188	48	236

AREA III

CITY	V	IGH	GH	TL	IL	FT	R	CGH	SFC	ADULT	CHILD	TOTAL
Helena	31	5	12	10		7				45	7	52
Butte	16		3			6	20			17	22	39
Anaconda						3	4				5	5
Bozeman	14	1	5	6	9	7	10			23	13	36
Whitehall						1	2				2	2
Livingston	4	1	5	5	1	2	3			15	4	19
Livingston/ Vo Plac	11											
Dillon				1		1	2			1	2	3
Deer Lodge						5	9				10	10
Seeley Lake						2					2	2
Sheridan						1					1	1
Silver Star							1				1	1
Belgrade						3	4				6	6
Three Forks						1	1				1	1
Clyde Park						1	2				2	2
Manhattan							1				1	1
Missoula	28		27	1	11	4	21			47	25	72
Hamilton	1	3	1				5			4	5	9
Warm Sprngs						1	1				1	1
Philipsburg							1				1	1
Stevensville						2					2	2
AREA III												
TOTALS	105	10	53	23	21	47	87			152	113	265

CATEGORY CODES:

V = Vocational/Day Services
 IGH = Intensive Group Home
 GH = Adult Group Home
 TL = Transitional Living Services
 IL = Independent Living Training

FT = Family Training
 R = Respite
 CGH = Children's Group Home
 SFC = Specialized Foster Care

September, 1984
DDD Waiting List Information--Adult Services
 Summary

AREA	VOC DAY SVCS.	INTENSIVE GROUP HOME	GROUP HOME	TRANS. LIVING SVCS.	INDP. LIVING TRNG.	# RECEIVING DD SERVICES		TOTAL PERSONS
						YES	NO	
I	138	2	86	24	20	92	94	186
II	83	20	80	39	15	122	66	188
III	121	10	60	23	21	75	93	168
Statewide	41	2	35	4		22	19	41
TOTALS	383	34	261	90	56	311	272	583 *

* Note: This number includes 119 persons that are currently in special education programs that will need services June 1985 to June 1986, and 19 persons who will graduate special ed and need services 1987-1989.

1. PERSONS ON WAITING LISTS AT PROGRAMS IN THE AREA:

AREA:	(Services Needed)					# Receiving DD Services		Total Clients
	V	IGH	GH	TL	IL	YES	NO	
I. Miles City			3		1	3	1	4
Glasgow			1			1		1
Malta				2		2		2
Plentywood				7		5	2	7
Wolf Point	2		1	1			2	2
Nashua			1			1		1
Poplar	1		1				1	1
Billings	17		23	2	5	21	14	35
Blgs/Voc. Plac.	32					29	3	32
Hardin	5						5	5
Red Lodge	1		2			2		2
Lewistown	5		2		3	3	4	7
TOTALS	63		34	12	9	67	32	99
II. Cut Bank					2		2	2
Thompson Falls	1		1				1	1
Shelby	1		1			1	1	2
Conrad	3		2		2	3	2	5
Browning			7		6	10		10
Great Falls	18	6	10		2	16	12	28
Harlem	1	1				1		1
Havre	2	1	7	1		5	3	8
Choteau				3	1	3	1	4
Polson	2		1				2	2
Kalispell	20		16	8	1	15	16	31
Libby	8		1	6		8	4	12
Ronan				7		1	6	7
TOTALS	56	8	46	25	14	63	50	113

* 6 clients in Great Falls are DD offenders needing day services and group homes.

22 clients in Great Falls are attending the workshop and need a work-site program.

1. (Continued:)

AREA:	(Services Needed)					DD Services		Total Clients
	V	IGH	GH	TL	IL	YES	NO	
III.								
Dillon				1		1		1
Butte	8		2			3	6	9
Helena	16	4	10	3		15	8	23
Bozeman	6		2	6	9	4	11	15
Missoula	22		20	1	11	21	19	40
Hamilton	1	3	1			3	1	4
Livingston	2	1	5	5	1	5	8	13
Livingston Vo Plac	11							
TOTALS	66	8	40	16	21	52	53	105
TOTAL	185	16	120	53	44	182	135	317

2. PERSONS RESIDING IN COMMUNITY HOMES THAT HAVE BEEN IDENTIFIED AS READY TO MOVE TO TRANSITIONAL LIVING SERVICES OR INDEPENDENT LIVING TRAINING IF SERVICE CAPACITY WERE AVAILABLE:

AREA:	Service Needed		Reason Services Not Provided	Number of Persons
	TL	IL		
I.				
	Malta	2	Not Available	2
	Hardin		No Openings	2
	Billings	7	No Openings	9
				<u>13</u>
II.				
	Browning	2	No program	3
	Conrad	1	Not Available	1
	Shelby	1	Not Available	1
	Choteau	1	Not Available	1
	Pablo	4	No Program	4
	Great Falls	1	No Openings	1
	Libby	4	No program	4
				<u>19</u>
III.				
	Helena	7	No program	7
<hr/>				
TOTALS	30	5		35

3. PERSONS IN NURSING HOMES IN THE AREA THAT ARE IN NEED OF DD SERVICES:

AREA:	(Services Needed)				DD Services		Total Clients
	V	IGH	GH	TL	YES	NO	
I. Sidney			1		1		1
Plentywood	1	1			1		1
Poplar	1	1				1	1
Red Lodge	1		8		7	1	8
Hardin	1					1	1
Billings	1		2		1	1	2
Lewistown	1		1		1		1
Columbus	1		1			1	1
TOTALS	7	2	13		11	5	16
II. Harlem			3		3		3
Big Sandy			6		6		6
Whitefish	1					1	1
Ronan-Happy Acres	1		5		5	1	6
Polson-St. Josephs	3	7	10		17	1	18
Hot Springs/Plains	3	2	3		5		5
TOTALS	8	9	27		36	3	39
III. Butte	1					1	1
Helena	5	1	1			5	5
Missoula-Community	3		4		4		4
TOTALS	9	1	5		4	6	10
TOTALS	24	12	45		51	14	65

4. SPECIAL EDUCATION STUDENTS CURRENTLY IN SCHOOL WHO WILL BE NEEDING SERVICES WHEN THEY GRADUTE:

AREA:	V	(Services Needed)				DD		Total Clients	1985	1986	1987	1988	1989
		IGH	GH	IL	IL	Services YES	NO						
I. Glasgow	2		1	1			2	2	1	1			
Ashland	2		2				2	2	2				
Poplar	2		2				2	2		2			
Wolf Point	5		3	2			5	5	2	3			
Sidney	2		1				2	2	1	1			
Miles City	3					2	1	3	3				
Jordan	1		1				1	1		1			
Plentywood	2		2				2	2	2				
Broadus	2		2				2	2		2			
Glendive	1		1				1	1	1				
Malta	2		1				2	2	2				
Medicine Lake	1		1				1	1	1				
Nashua	1		1				1	1		1			
Opheim	1		1				1	1		1			
Hinsdale	2		2				2	2	1	1			
Billings	37		18		7	12	28	40	19	17	4		
Billings Voc/Plac	2						2	2	1	1			
TOTAL	68		39	3	7	14	57	71	36	31	4		
II. Havre	4	3	1			4		4	3	1			
Great Falls	11		1			4	8	12	6	6			
Kalispell	1		2				2	2	1	1			
Ronan	1		1				1	1	1				
Eureka	1		1				1	1	1				
Charlo	1		1				1	1	1				
TOTAL	19	3	7			8	13	21	13	8			

4. (Continued)

AREA:	V	(Services Needed)				DD Services		Total Clients	1985	1986	1987	1988	1989
		IGH	GH	TL	IL	YES	NO						
III. Bozeman	15	1	8			2	13	15	5	3	7		
Helena	11		1			7	4	11	8	2	1		
Dillon	2					1	1	2	1			1	
Livingston	2						2	2	2				
Butte	12		2			1	11	12	6	1	5		
Deer Lodge	1		1				1	1			1		
Missoula	3		3			1	2	3	3				
TOTAL	46	1	15			12	34	46	25	6	14	1	

TOTAL	133	4	61	3	7	34	104	138	74	45	18	1	
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5. PERSONS ON STATEWIDE WAITING LISTS NEEDING SERVICES ANYWHERE IN THE STATE:

AREA:	V	IGH	GH	TL	IL	CGH	SFC	DD		Serv No	Total		Total Total
								Yes	No		Child	Adult	
I.	16	1	12	3		3	1	12	8		4	16	20
II.	17		16	1		5	4	13	11		7	17	24
III.	8	1	7			1	2	5	5		2	8	10
TOTAL	41	2	35	4		9	7	30	24		13	41	54

September, 1984

DDD WAITING LIST
CHILD AND FAMILY SERVICES

AREA	FT	SERVICES NEEDED			RECEIVING SERVICES		NUMBER OF INDIVIDUALS
		R	GH	SFC	YES	NO	
I.	35		7	24	18	40	58
II.	6	3	20	11	22	13	35
III.	47	87			52	61	113
Statewide			9	7	4	9	13
TOTAL	88	90	36	42	96	123	219

LOCATION	FT	SERVICES NEEDED			REASON SERVICE NOT PROVIDED	RECEIVING OTHER DD SERVICES		NUMBER OF INDIVIDUALS
		R	GH	SFC		YES	NO	
AREA I:								
Wolf Point	3				No Openings		3	3
Glasgow	2				No Openings		2	2
Miles City	4			2	No Openings	2	4	6
Lame Deer	2				No Openings		2	2
Glendive	1			1	None Available	1	1	2
Billings	15		6	14	No Openings	13	16	29
Winnett				1	No Openings	1		1
Roundup	1				No Openings		1	1
Lewistown	3			1	No Openings		3	3
Big Timber	1				No Openings		1	1
Red Lodge	1				No Openings		1	1
Columbus	1		1	5	No Openings	1	5	6
Worden	1				No Openings		1	1
TOTAL	35		7	24		18	40	58

Note: SFC is specialized family care

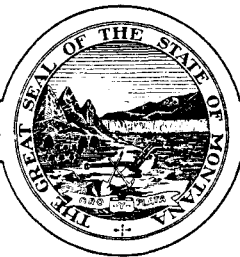
LOCATION	FT	SERVICES NEEDED			REASON SERVICE NOT PROVIDED	RECEIVING OTHER DD SERVICES		NUMBER OF INDIVIDUALS
		R	CGH	SFC		YES	NO	
AREA II:								
Polson		4			No Openings	3	1	4
White Fish	1				No Openings		1	1
Columbia Falls	1				No Openings		1	1
Superior		2			No Openings	1	1	2
Shelby		1			No Vacancy	1		1
Valier			1		No Openings	1		1
Geraldine			1		No Vacancy	1		1
Great Falls	5	2	4	6	No Vacancy	8	8	16
Havre			10	5	No Vacancy	10	1	11
Kalispell	2		4		No Openings	1	5	6
Brady	1				No Openings		1	1
Eureka	1				No Openings		1	1
Libby	1				No Openings		1	1
Plains		1			No Openings	1		1
TOTAL	12	10	20	11		27	21	48

AREA III:

Philipsburg		1			No Openings	1		1
Hamilton		5			No Openings	4	1	5
Stevenville	2				No Openings		2	2
Warm Springs	1	1			No Openings		1	1
Seeley Lake	2				Full Caseload		2	2
Belgrade	3	4			Full Caseload	4	2	6
Deer Lodge	5	9			Full Caseload	4	6	10
Helena	7				Full Caseload		7	7
Bozeman	7	10			Full Caseload	5	8	13
Butte	6	20			Full Caseload	11	11	22
Whitehall	1	2			Full Caseload	1	1	2
Livingston	2	3			Full Caseload		4	4
Dillon	1	2			Full Caseload	1	1	2
Clyde Park	1	2			Full Caseload	1	1	2
Silver Star		1			Full Caseload	1		1
Anaconda	3	4			Full Caseload	1	4	5
Manhattan		1			Full Caseload		1	1
Sheridan	1				Full Caseload		1	1
Three Forks	1	1			Full Caseload		1	1
Missoula	4	21			No Openings	18	7	25
TOTAL	47	87				52	61	113

NOTE: SFC is specialized family care

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

HELENA, MONTANA 59620

February, 1985

To: The Honorable Francis Bardanoue
Chairman
House Appropriations Committee
State Capitol

TESTIMONY

For the record, I am Dr. Donald E. Espelin on staff at the Department of Health and Environmental Sciences (DHES). I am Medical Director for the Montana Perinatal Program. I represent the DHES on DDPAC; have practiced pediatrics in Helena, Montana since 1966; and have over the years been involved with BRSH in a medical capacity. At one time, I served as President of the medical staff of BRSH.

In general, I support the concept of deinstitutionalization of our DD clients. Specifically, I support the work of the 909 Council (blue book) and the Governor's plan for its implementation (red book), including the plan by DSRS for three resource centers.

Further, Dr. Drynan has asked me to inform you that the Department accepts the responsibility described in Objective 1.3, Sub-Objective 1.3.1 and 1.3.2.

Additionally, we feel DHES should be identified and included as a contributing agency in defining and establishing roles, responsibilities, accountabilities between executive branch agencies. (Objective 2.2, Sub-Objective 2.2.1)

DHES is already a member of the Inter Agency Planning Forum (IAPF) and should be involved with preplanning, communication, coordination and implementation of client movement within the DD system. (Objective 2.3, Sub-Objective 2.3.1)

Sincerely,

A handwritten signature in cursive script that reads "Donald E. Espelin M.D.".

Donald E. Espelin, M.D., Medical Director
Montana Perinatal Program
Health Services and Medical
Facilities Division

DEE/rsb

VISITORS' REGISTER

APPROPRIATIONS

COMMITTEE

BILL NO. SJR 9DATE February 7, 1985SPONSOR SENATOR SMITH

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Geo. H. Christensen	Boulder, MT	✓	✓
Helene Smith	Helena		✓
ROGER NUMMERTOR	Helena		✓
KATHY KARP ^{MT LEAGUE} _{OF WOMEN VOTERS}	HELENA	✓	
David H. Kirsch	Boulder, MT	✓ with amendments	
Gen. Leo Vance	Three Forks	with amendments	
GREG A. OLSEN	HELENA	✓	
Robert L. Laumeyer	Boulder	Support with amendments	
Sammy Lynn Brown	Boulder, MFT	✓ With Amendments	
Ben A. Donaldson	Boulder, MT	with amendments	
Wm. Hogquist	Boulder, MT	with Amendments	
Barbara Aultman	Boulder, MT	✓ with amendments	
R. A. Heard	Boulder, MT		
G. Curriel	Helena		—
Sammy HOOVER	Dept. of Institutions		
Mike MUSZKIEWICZ	SRS	✓	
Gene Huntington	Gov's Office	X	
JOE WEGGENMAN	HLN Chamber of Commerce		✓
Paul KintH	Battle	✓ with amendments	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

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APPROPRIATIONS COMMITTEE

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DATE February 7, 1985

SPONSOR SENATOR SMITH

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Lurion Vogel	GREAT FALLS	X	
Senator Esther Bengtson	Dist. 49	X	
Bernie Vogel	Gr. Falls	X	
Sub Jackson	Helena	X	
Dr. Elizabeth Henry	Helena	X	
Jan Fitzgerald	Helena	X	
John M. Opitz MD	Helena	X	
Richard P. Swenson	Helena	X	
Kiane Swasteni	Haure	X	
Nigel Sande	Josh Benton	X	
Mike Smith	Helena	X	
Mike Vanhook	Helena	X	
Mike Dahn	Helena	X	
Nadine Jensen	Helena	X with amendments	
Greg Hering	Local 971 Bowdler	X with amendments	
Kevin Shannon	832 W Park Butte Mt.		X
Dane Jensen	Helena	X	
James L. Butcher	Owens, ID	X	
Patricia Sharp	Helena	X	

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APPROPRIATIONS

COMMITTEE

BILL NO. 909DATE February 7, 1985SPONSOR SENATOR SMITH

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Bob Lee	Helena	X	
Pena Wheeler	Billings	X	
Steve Davis	Billings	X	
Joe Roberts	Helena	X	
Bernadette Querido	HQFA 1 Denver		
Jaye Massion	Boulder, Co.		
JD May	ORF		

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