

MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 15, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on February 15, 1985 at 3:00 p.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present.

HOUSE BILL NO. 271: Hearing commenced on House Bill No. 271. Representative Schye, District #18, sponsor of the bill stated that an act to exempt volunteer hospice programs from licensing was needed.

Proponent Pat Echart, representing the Hospice Program of Glasgow stated that this program was an established program which provided for the needs of patients and their families. Ms. Echart also stated that she felt as did the rest of the medical staff of the Glasgow Hospice that licensure would place undue requirements and work on the volunteer staff to maintain records. Exhibit 1 represents Mr. Echart's testimony. Written testimony was supplied by Laurie Towner, Exhibit 2 and Pamela Lee supplied Exhibit 3.

Opponent Bonnie Addie of the Montana Hospice Exchange Program indicated that the hospice program was originated in 1979. Ms. Addie also provided a list of the licensed hospice centers in Montana is attached as Exhibit 4. Sister Elizabeth Henry stated in Exhibit 5 that licensure is a mechanism to control standards of care; care of the terminally ill requires a high level of skill; an uncontrolled health service is dangerous for the consumer, and; she believes that we are leaving the terminally ill in Montana very vulnerable if you left the controls on their care givers. Margie Hickey, representing the Montana Hospice Exchange stated that a patient is more protected if the hospice is licensed. Written testimony was supplied by Dorothy Thiel, Exhibit 6 and Shirley Thennis, Exhibit 7 and Dale Taliaferro, bureau chief of the Health Planning and Resource Development, Montana Department of Health and Environmental Sciences, Exhibit 8.

There were no further proponents and opponents present. Representative Schye was then excused by the Chair.

Questions were asked by Representative Wallin in which he questioned as to whether unlicensed hospice programs were complying with the laws. Representative Hansen asked if hospice programs were required to be affiliated with a hospital and Representative Bergene questioned the Glasgow Hospice if they might consider a name change.

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There being no further discussion on House Bill No. 271,
the hearing was closed.

HOUSE BILL NO. 510: Hearing commenced on House Bill No. 510. Representative Eudaily, District #60, sponsor of the bill stated that an act creating a marriage and family therapy standards committee and a social work standards committee under the Board of Social Work Examiners; renaming the Board of Social Work Examiners; regulating the practice of marriage and family therapy; providing standards and qualifications for licensure was needed.

Proponent Jim Ramsey indicated in his statement that he wished to have the bill tabled.

There were no further proponents and opponents present. Representative Eudaily closed the hearing.

There being no further discussion on House Bill No. 510,
the hearing was closed.

HOUSE BILL NO. 571: Hearing commenced on House Bill No. 571. Representative Bergene, District #41, sponsor of the bill, stated that an act providing for the mandatory licensing and regulation of professional counselors; creating a state board of professional counselors; creating a communications privilege; providing penalties for violations; and allowing disability and health insurance coverage for work done by licensed professional counselors was needed.

Proponent Ted Doney of Helena indicated his support of this bill. Cathleen Campbell, representing the Montana Association of Counselors supports this bill. Rowin Conrad of Missoula, a counselor, social worker and psychologist stated that a need for diversity by counselors was needed. Lucia Glenn of Billings indicated her support. Dwight Leonard, possessing a doctorate in counseling indicated that this was not an exclusionary bill. Hazel Smith, representing the Montana Mental Health Services indicated her support as did Dick Harswell, Bozeman, read excerpts from letters of support for this bill. Joy McGrath indicated her support as did Tom Drooger, representing the Montana Child Care Association. Gayle Kline supplied a proclamation from the National Mental Health Counselors Week which was supplied by the American Mental Health Counselors Association. Exhibit 9. Shirley Thennis, representing the Montana Nurses' Association indicated her support.

Opponents included Bailey Noleneux indicated that the educational requirements were too vague in the writing of the

bill. Ilene Morgan of Helena opposes the bill. Judi Burkhartsmeier also indicated her opposition to this bill. John Alke, representing the Montana Physician's Service opposes this legislation because of the occupational act which are submitted into the bill. Steve Brown, representing Blue Cross of Montana indicated his opposition.

There were no further proponents or opponents present. Representative Bergene was then excused by the Chair.

Questions were raised by Representative Wallin who indicated his concern of the number of people seeking counseling. Representative Keenan indicated that seventeen states have thier party payment.

There being no further discussion on House Bill No. 571, the hearing was closed.

HOUSE BILL NO. 540: Hearing commenced on House Bill No. 540. Representative Devlin, District # 25, sponsor of the bill stated that an act establishing and funding a child abuse prevention program was needed. Representative Devlin also discussed the fiscal note attached to this bill.

Proponents included John Madsen of the Montana Department of Social and Rehabilitation Services. Bill Thomas, a resident of Missoula indicated that the three additional bills regarding the same legislation should be combined. Judy Carlson, representing the Association of Health Departments indicated that this legislation was the better of all of the bills. Joy McGrath, representing the Mental Health Association said there were good concepts in this legislation. JoAnn Peterson indicated her support as did Terry Alpert who had previously been a child abuser. Ms. Alpert received counseling which enabled her to cope with her problem in that she was able to establish the Parents Anonymous. Bailey Molineux of the Montana Psychological Association indicated his support of this bill as did Gloria Sprague. Don Allen representing the Montana Hospital Association said that everyone can participate in this program. Bob Deaton, associated with the Department of Social Work at the University of Montana said that the program was needed for prevention and small projects in our local communities to prevent child abuse and neglect. Exhibit 10 indicates his support. Jim Smith of the Human Resources Association said that the combination of the bills on child abuse would be beneficial. Jerry Leondorf, representing the Montana Medical Association indicated his support.

There were no further proponents and opponents present. Representative Devlin was then excused by the Chair.

There being no further discussion on House Bill No. 540, the hearing was closed.

HOUSE BILL NO. 733: Hearing commenced on House Bill No. 733: Representative Stella Jean Hansen, District #57, sponsor of the bill stated that an act establishing and funding a child abuse and juvenile delinquency prevention program; providing for a children's trust fund board and granting the board rulemaking authority was needed. Representative Hansen also discussed corresponding amendments to this bill and also a fee on the acquisition of a birth certificate to help in the funding of this board.

There were neither proponents nor opponents present. Representative Keenan then excused the sponsor.

Questions were raised by Representative Campbell who questioned the fee on birth certificates and Representative Wallin questioned the funding also.

There being no further discussion on House Bill No. 733, the hearing was closed.

EXECUTIVE SESSION:

ACTION ON HOUSE BILL NO. 301: A motion was made by Representative Bradley which was seconded by Representative Darko do pass on the amendments. Questions were raised by Representatives Brown, Keenan, Phillips and Bergene. A motion was then made by Representative Darko and seconded by Representative Cohen to DO PASS AS AMENDED. A roll call vote was then taken (9 yes and 9 no votes) and the bill was then presented before the House WITHOUT RECOMMENDATION.

ACTION ON HOUSE BILL NO. 730: A motion was made by Representative Cohen which was seconded by Representative Darko on the amendments to House Bill No. 730. A vote was taken with all voting yes with the exception of Representative Simon who opposed. A motion was then made by Representative Darko, seconded by Representative Cohen to DO PASS AS AMENDED. A roll call vote was taken (13 yes and 5 no votes)

ACTION ON HOUSE BILL NO. 720: Representative Brown made a motion to do pass the amendments which was seconded by

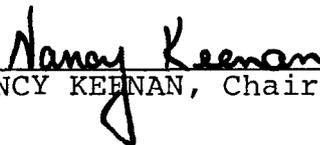
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Representative Darko. A unanimous vote was taken to do pass the amendments. A motion was then made by Representative Brown, seconded by Representative Darko to DO PASS AS AMENDED on House Bill No. 720.

ACTION ON HOUSE BILL NO. 510: A motion was made by Representative Darko to table House Bill No. 510. The motion was seconded by Representative Gould. A vote was then taken to TABLE House Bill No. 510 and was voted unanimously to do so.

ACTION ON HOUSE BILL NO. 271: A motion was made by Representative Gould which was seconded by Representative Campbell to TABLE House Bill No. 271. A vote was taken with all voting yes to table House Bill No. 271 except Representative Hansen, Cohen and Connolly.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 9:20 p.m.



NANCY KEENAN, Chair

STANDING COMMITTEE REPORT

February 15

19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House

Bill No. 730

first reading copy (white)
color

Requires that 5% of certain federal funds be spent for home weatherization

Respectfully report as follows: That House

Bill No. 730

AMENDED AS FOLLOWS:

- 1) Page 2, line 13.
Following: "councils"
Insert: "or other public or nonprofit entities"
- 2) Page 2, line 15.
~~Following:~~ "the district"
Insert: "~~their~~ geographic area"
its
- 3) Page 2, line 20.
Following: "councils"
Insert: "or other public or nonprofit entities"
- 4) Page 2, line 25.
Following: "councils"
Insert: "or other public or nonprofit entities"

AS AMENDED
DO PASS

STANDING COMMITTEE REPORT

February 15 19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 729

first reading copy (white)
color

Establishing a long-term care ombudsman

Respectfully report as follows: That House Bill No. 729

AMENDED AS FOLLOWS:

- 1) Page 7, line 14.
Following: "facility"
Insert: "willfully"

**AS AMENDED
DO PASS**

STANDING COMMITTEE REPORT

February 15
Page 1 of 4

19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 301

first reading copy (white)
color

Require regulation and licensing of preschool programs

Respectfully report as follows: That House Bill No. 301

AMENDMENTS ATTACHED

~~XXXXXX~~
~~DO PASS~~

House Human Services and Aging Committee

Amendments to House Bill No. 301

1. Title, line 7.

Following: "REQUIREMENTS;"

Insert: "PROVIDING FOR ASSESSMENT OF FEES FOR LICENSING DAY
CARE AND PRESCHOOL PROGRAMS;"

2. Title, line 8.

Following: line 7

Strike: "53-4-506, 53-4-508 THROUGH"

Following: "53-4-511"

Strike: ", "

3. Page 2, line 22.

Following: "business"

Insert: "primarily"

4. Page 2, lines 23 through 25.

Following: "private," on line 23

Strike: "that provides"

Insert: "to provide"

Following: "instruction" on line 24

Strike: "or supplemental parental care"

5. Page 3, line 8.

Following: "established"

Insert: "by a religious congregation"

6. Page 3, lines 9 through 10.

Following: "education"

Strike: Remainder of line 9 through "congregation" on line 10

7. Page 5, lines 22 through 24.

Following: "license" on line 22

Strike: "or registration certificate"

Following: "fee" on line 23

Strike: "must be commensurate with"

Insert: "may not exceed \$25 or"

Following: "licensing" on line 24

Strike: "and registration"

Following: "section" on line 24

Insert: ", whichever is less"

HB 301

8. Page 9.

Following: Line 2

Insert: "Section 7. Section 53-4-507, MCA, is amended to read:

"53-4-507. Application for a license or registration certificate. (1) Application for a license or registration certificate shall be made to the department through the local department of public welfare in the county in which the applicant lives on forms prescribed by the department.

(2) Applications for a license or registration certificate by Indians residing on Indian reservations shall be made through the tribal governing body on forms prescribed by the department. Applications made through a tribal governing body shall be accompanied by a request by the tribal governing body that the department investigate to determine whether a license or registration certificate should be granted.

(3) Within 30 days of receipt of the application, the department, through the local county department of public welfare shall investigate to determine whether a license or registration certificate should be issued."

Renumber: subsequent sections

9. Page 9, lines 4 through 8.

Following: ~~xxxxx~~ "The

Strike: remainder of line 4 through "show" on line 8

Insert: "The department shall include in the standards for day-care centers and preschool programs a requirement"

10. Page 10, lines 9 through 12.

Following: "Specify" on line 9

Insert: "the applicant specify"

Following: "programs" on line 11

Strike: remainder of line 11 through "department" on line 12

11. Page 11, line 25.

Following: "part."

Insert: "For this purpose, the department may utilize the personnel of the county departments of public welfare to conduct inspections that it considers necessary to ensure that the minimum standards are satisfied."

HD 301

12. Page 12.

Following: line 12

Insert: "(6) Nothing in this section may be construed to require the department to conduct an inspection of each day-care or preschool program for which a license is applied for under the provisions of this part."

13. Page 13.

Following: line 18

Insert: "NEW SECTION. Section 13. Deposit of licensing fees. There is created an account in the state special revenue fund established in 17-2-102. All money received from day-care and preschool program licensing fees must be deposited in the account for use of the department in administering this part.

NEW SECTION. Section 14. Codification instruction. Section 13 is intended to be codified as an integral part of Title 53, Chapter 4, part 5."

Renumber: subsequent section

WITHOUT RECOMMENDATION

(Type in committee name, committee members' names, and names of secretary and chairman. Have at least 50 printed to start.)

ROLL CALL VOTE

HOUSE COMMITTEE HUMAN SERVICES AND AGING

DATE 2/15/85 House Bill No. 730 Time _____

NAME	YES	NO
Nancy Keenan	X	
Bud Gould	X	
Toni Bergene	X	
Dorothy Bradley	X	
Jan Brown	X	
Bud Campbell		X
Ben Cohen	X	
Mary Ellen Connelly	X	
Paula Darko	X	
Bob Gilbert		X
Stella Jean Hansen	X	
Marian Hanson		X
Marjorie Hart	X	
Harriet Hayne		X
John Phillips		X
Bruce Simon	X	
Steve Waldron	X	
Norm Wallin	X	

Alberta Strachan
Secretary

Nancy Keenan
Chairman

Motion: A motion was made to DO PASS AS AMENDED.

(Include enough information on motion -- put with yellow copy of committee report.)

(Type in committee name, committee members' names, and names of secretary and chairman. Have at least 50 printed to start.)

ROLL CALL VOTE

HOUSE COMMITTEE HUMAN SERVICES AND AGING

DATE 2/15/85 House Bill No. 301 Time _____

<u>NAME</u>	<u>YES</u>	<u>NO</u>
Nancy Keenan	X	
Bud Gould		X
Toni Bergene	X	
Dorothy Bradley	X	
Jan Brown	X	
Bud Campbell		X
Ben Cohen	X	
Mary Ellen Connelly	X	
Paula Darko	X	
Bob Gilbert		X
Stella Jean Hansen	X	
Marian Hanson		X
Marjorie Hart		X
Harriet Hayne		X
John Phillips		X
Bruce Simon		X
Steve Waldron	X	
Norm Wallin		X

Alberta Strachan
Secretary

Nancy Keenan
Chairman

Motion: A motion was made to DO PASS AS AMENDED which held
a tie vote. House Bill No. 301 was then acted upon as
WITHOUT RECOMMENDATION

(Include enough information on motion -- put with yellow copy of committee report.)

EXHIBIT 1
February 15, 1985

**Glasgow
Clinic
P.C.**

MEDICAL ARTS BUILDING
P.O. BOX 552
GLASGOW, MONTANA 59230
(406) 228-4391

GORDON L. BELL, M.D.
CHARLES W. EVANS, M.D.
DAVID GREGORY, M.D.

February 15, 1985

Nancy Keenan
Chairperson - Human Services Committee
Montana State Legislature

Dear Mrs. Keenan,

I am the Hospice Medical Advisor for Glasgow, Montana. Our organization is a purely volunteer organization that works in cooperation with the medical staff of Frances Mahon Deaconess Hospital in Glasgow. The organization fills a definite need in our area for assistance to terminally ill patients and does not duplicate medical services that are provided by our Home Health nurses or the hospital itself.

Our organization has already assisted several people in being able to stay at home during terminal illness and the feedback that we have received from families has been very positive.

Since this as a purely volunteer organization no one is receiving funds for any of the care that we are giving. Adequate medical records and documentation are kept on these patients by their attending physicians and by the Home Health nurses if they are involved in treatment.

I feel, as I believe the rest of our medical staff feels, that licensure for the Hospice organization would place undue requirements and work on the volunteer staff to maintain records. Our organization has no intent on charging fees for service and is just interested in providing voluntary assistance to people who are in need.

In the absence of an organized service such as this, these care-giving duties would be continued by many neighbors and friends who volunteer in times of need.

I urge you to support the bill exempting voluntary Hospice organizations from licensure.

Sincerely,



Charles W. Evans, M.D.
Family Practice

CWE:sch

EXHIBIT 2
February 15, 1985

To whom it may concern.

This is my feeling about
the hospice program in Glasgow.
My husband was terminally ill
with a malignant brain tumor.
needed care day and night. The
people from hospice came for a few
hours everyday to sit with him
and give his medication as prescribed
by the doctors so, I could rest. They
talked to him read to him in the
most gracious manner. Many times
he would say how much it meant to
him, he looked forward to having
them come to the house. If he fell asleep
while they were here they would help
with household chores straighten
his room

give us moral support. At the
time of his death they took care
of grandchildren did the mountain
of laundry and again moral support.
They will never be forgotten by
our family for the help and kindness
a family needs during prolonged
illness.

Pauline De Wit
40 Heather Lane
Glasgow Montana
406-228-4688

Hospice marks a year of helping families

By CYNTHIA MARKLE
The second large-scale training session for Valley Hospice is scheduled Jan. 18 and 19 at the Cottonwood Inn in Glasgow, according to President Shirley Baumgartner.

The workshop is titled "Coping with Loss and Grief" and runs from 7:30 to 9 p.m. Friday and from 9 a.m. to 4 p.m. Saturday. A \$5 fee is charged. Lunch will be served Saturday and babysitting will be provided.

Next weekend's program will be presented by Marcia E. Lattanzi, R.N., M.A., who is a respected hospice trainer and has given similar training sessions throughout the country.

Hospice is a group of volunteers trained to assist terminally ill patients and their families as they prepare for death. It calls on talents of a variety of professionals and lay people to help families meet not only medical problems, but day-to-day living problems and feelings.

This particular workshop is designed to assist surviving family members as well as caregivers working with critically ill people to understand and accept the death of a loved one.

Baumgartner said that everyone is welcome to attend the session, even those who are not intending to become hospice volunteers. She explained that it will provide assistance with the grieving process.

Men and women who want to become qualified as hospice volunteers must attend this workshop for their training, she emphasized. Pre-registration is required and a registration accompanies this article.

For more information on Valley Hospice contact Baumgartner at 228-4496 days or 367-5365 evenings.

Valley Hospice volunteers have been active since winter of last year, working with terminally ill patients and their families.

So that families who now face ter-

minal illness will be aware of the service available through Hospice, the family of Sue Dolson has agreed to an interview with the Courier.

Hospice volunteers assisted the Dolson family for two and one-half months, helping make it possible for Susan to return to her home rather than be hospitalized or live in Valley View Home.

Although the family could have managed well on their own, the assistance and support of the Hospice organization added richly to the experience for Susan and the entire family.

Volunteer Helen Hunter, said, "Sue gained so much by being in her own home and surroundings. At home it is easier on everyone."

"The family got to spend more time with her, they felt closer and knew they had done everything possible for their mother and that they were part of it," she said.

Sue and Wib Dolson raised their family on a ranch 60 miles south of

Glasgow on the Willow Creek Road. In her very active life she was a teacher and wrote a column for the Courier.

They had four daughters who live near here: Alice Wallem of Fort Peck, Linnell DeDobbeleer of Wheeler, Ruth McCleery, Nashua and Dorothy Eayrs, north of Glasgow, and one son, Bill of Missoula.

The family first was asked if they wanted the services of Hospice by Home Health Nurse Pam Dvergsten Lee. They received more information on the program in a meeting with Deaconess Hospital Patient Care Coordinator Helen Marks as they made arrangements for Susan to leave the hospital for her southside home.

What followed was an interview with Hospice volunteer coordinator Pat Miller. Specific needs of the family were considered and volunteers assigned. The four included Hunter, a registered nurse at

Glasgow Clinic, Peggy Strobe and Barb Hopstad, nurses aides and Ada Whitlow, volunteer home health aide.

A schedule was set up that fit in for the family without volunteers becoming obstructive or taking control from family members.

One of Susan's daughters was to be with her at all times, with each taking a turn for eight hours. Hospice volunteers signed up for two hour shifts in between the daughter's eight.

Duties of the volunteers were exactly the same as those of the family, including administering medications, turning and assisting with walks, catheter irrigation and grooming.

One of the main tasks the volunteers had was the daily bed bath. The sisters explained that their mother was more comfortable with a non-family member doing the bath, even though they were instructed on how to do it.

MORE SECURITY
Few families are prepared for the overwhelming responsibility that comes when they care for a terminally ill loved one in their home. When they leave the sheltered hospital environment, they find themselves at home with no support. Did no one to answer the questions that come up. Family members become totally responsible for medications, bandage changes, pain control, cleanliness, physical therapy, to name only a few. For someone who is untrained the impact is great.

There's where Valley Hospice can be of great help. Volunteers who are health care professionals or specially trained, offer to patients and family a bit more security and relief in addition to friendship and help.

With the volunteers in control for a two hour period at the Dolson home, the sisters were able to take

Continued on page 3

90 bushels an acre on about 495 acres of irrigated farmland. He said the

prizes except for some expenses involved.

Everyone is welcome.

Hospice . . . Continued from page 1

the necessary breaks away from the house to regroup. But, it was important for them to know that their mother was well taken care of in their absence, Wallem said.

Patients at home are often under the care of the home health department at Deaconess Hospital. Lee came to the Dolson home two or three times a week and had overall responsibility for the care Sue was given. She also trained the family on how best to give that care, instructing them on how to do things properly and what to watch for.

From Lee, one of the things the family learned was how to turn Sue properly, so that they would not hurt her, something that is very important for a person who is already in pain. Another concern for the group was bed sores.

Wallem said that they were proud of the fact that Sue never had one, although they were constantly on the lookout for red spots on the skin that could have turned into a sore.

Sue Dolson was fortunate that in the fact that she had so many capable family members close so that they could care for her. Many families do not have the large number of family members here with them.

Hospice can accommodate these situations too, with more volunteers at the home for longer periods of time. Hospice workers are flexible and will accommodate the needs of families.

PRAISE

The daughters praised the workers, stating that they were well trained and very patient with not only their mother, but the entire family as well.

"They thought of things we never would have," McCleery said. "Everything we wanted was right there."

"We felt very safe leaving her because they took care of everything," DeDobbeleer said, and Wallem added, "I don't think Mom ever felt uncomfortable."

The volunteers were not close friends of the family when they first started coming, the daughters said, but a strong bond grew among the entire group.

"Mother really became fond of the Hospice gals," DeDobbeleer said.

"And so did we," Wallem added.

Volunteer Hopstad explained that Sue was an independent lady with a very good attitude. But, she was a little reluctant at first to have the volunteers help her.

"Once she realized we were there

as people who cared, she realized that it was all right to let people do for her," Hopstad said, "then we felt like we belonged, like we were one of the family."

One of the main reasons for Sue's return home, Wallem explained, was that the doctor felt it would be better for 85-year-old Wib. The family agreed.

The Hospice organization also made a special effort to assist Wib.

Besides the visits of treasured friends, Pastor Jay Ashbaucher visited regularly, and Albert Scharner included him in rides often. Joe Etchart also invited him to come along as they hauled cattle, a day that was very special to rancher Wib.

In addition, but separate from the Hospice group, members of the Evangelical Church brought dinner each night for Sue, Wib, and whichever daughter was there. Usually there was enough left over for lunch the next day, so the family had to do very little cooking, but received well balanced and nutritious meals.

VOLUNTEERS SUPPORTED

Hospice volunteers spent from one to two hours with Susan each time they came to visit amounting to about four hours a week total for each volunteer.

Consensus among the volunteers is that there is much to be gained by being involved in Hospice.

"I learned that you know how close people can be even though you aren't family. It was a good feeling to know that I could give something and help relieve the family," Hunter said. "It really makes you appreciate all the outside help that people give."

Basic to the Hospice philosophy is a strong support network for patient, spouse, family and volunteers.

The volunteers who worked with the Dolsons attended weekly meetings where they would discuss progress and problems they had noticed.

Hunter concluded: "It was nice because you're not supposed to discuss patients outside the group. At the meetings we gave our views and if we thought something needed to be done, they found someone to do it."

"It would be really hard if you'd just go as a volunteer and not be able to talk with others," she said.

Anyone wanting more information on utilizing Hospice services may contact their physician or Baumgartner.

Valley Hospice, Inc.

REGISTRATION FORM

"Coping with Grief and Loss"

Name _____ Telephone _____

Address _____

Cottonwood Inn - Glasgow, MT

Friday, January 18, 1985 - 7:30 to 9 p.m.

Saturday, January 19, 1985 - 9 a.m. to 4 p.m.

\$5.00 fee

Do you need babysitting? Yes _____ No _____ How many children? _____



Hospice of the Bitter Root
P.O. Box 1343 • Hamilton, Montana 59840
(406) 363-2450

February 11, 1985

Nancy Keenan, Chairman, Human Services and Aging Committee
R. Budd Gould, Vice Chairman
Toni Bergene
Dorothy Bradley
Jan Brown
Bud Campbell
Ben Cohen
Mary Ellen Connelly
Paula Darko
Bob Gilbert
Stella Jean Hansen
Marion Hanson
Marjorie Hart
Harriet Hayne
John Phillips
Bruce Simon
Steve Waldron
Norm Wallin

Enclosed is testimony in opposition to HB 217, regarding exempting all-volunteer Hospices from licensing requirements.

We regret that we are unable to come to Helena for the hearing before the Human Services and Aging Committee on February 15 but hope you will incorporate this testimony.

Thank you so much. We ask that you recommend a DO NOT PASS for HB 217 to the full House.

Laurie Towner, President

A handwritten signature in cursive script that reads "Laurie Towner".



Hospice of the Bitter Root

P.O. Box 1343 • Hamilton, Montana 59840

(406)363-2450

Madam Chairman and Members of the Committee:

We are the Officers and Board of Directors of Hospice of the Bitter Root, an all-volunteer Hospice program located in Hamilton, Montana.

We oppose HB 217, AN ACT TO EXEMPT VOLUNTEER HOSPICE PROGRAMS FROM LICENSING; AMENDING SECTION 50-5-210, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE, sponsored by Schye.

We believe that exemption from meeting licensing standards for any Hospice program would be detrimental to the total Hospice effort in Montana because a failure to provide quality care because of a lack of standards in any Hospice program will cast doubts upon the capability of all Hospice programs.

Meeting licensing standards established by the Department of Health and Environmental Sciences gives local Hospice organizations

- 1) ability to assure patients and families of quality care through participation of qualified volunteers supervised by professionals and upgraded continuously through ongoing training;
- 2) continuity of care through documentation of services provided and communication among individuals and agencies involved;
- 3) volunteer effectiveness by requiring that they lay out, follow, and update a written plan of care rather than going about the task willy-nilly, each doing her or his own thing;
- 4) credibility in the community, because they are competently governed.

We further believe that exempting any Hospice program, regardless of how staffed, from meeting minimum standards for care opens the door to eliminating those exempted. Small communities cannot support paid staff and must rely on volunteers. Hospices that are licensed will, quite understandably, wish to distance themselves from those that are not, so we can look forward to unlicensed programs being, quite justifiably, excluded from using the Hospice name and, thereby, losing credibility.

Hospice of the Bitter Root has not found meeting licensing standards a burden, or unnecessary. They are needed to protect the patient, the family, and the volunteers. Please keep the law that requires all Hospices to be licensed.

Thank you for your time and consideration. Please feel free to contact us if you have questions.

Laurie Towner, President

Laurie Towner

Nancy Evarard, Vice President

Nancy Evarard

Doris Reynolds, Treasurer

Doris Reynolds

Marcia Jones, Secretary

Marcia Jones

Richard Atkins, Director

John Bell, Director

Ed McGrath, Director

Ben Ouellette, Director

Ben Ouellette

Mary Rowe, Director

Frances Mahon Deaconess Hospital
621 Third Street South
Glasgow, Montana 59230

February 14, 1985

Nancy Keenan, Chairman
House Committee of Human Services and Aging
State Capitol Building
Capitol Station
Helena, Montana 59601

Dear Chairman Keenan,

The past year Glasgow has seen the formation and growth of a volunteer Hospice program. As coordinator of the Home Health Care Program I would like to express my approval of this volunteer staffed support group.

In small towns such as Glasgow, two similiar certified programs could not be viable. We find it much more beneficial to have the two programs compliment each other rather than compete with each other. Our Home Health Care Program tends to all the medical/nursing aspects that the patient might need while the Hospice program generally tends to administer to the patient's psychosocial needs.

Hospice volunteers do a variety of non-skilled tasks such as listening and providing emotional support, housekeeping, meal preparation, shopping errands, and providing respite care, that is sitting with the patient for brief periods of time to allow family the opportunity to leave for awhile.

The Hospice program here has complimented the Home Health Care Program and has in no way duplicated services, nor has it provided any medical or nursing services. These dedicated volunteers have offered much support and help to terminally ill patients and their families.

In light of this, I hope that you will support House Bill 271 in order that volunteer Hospice programs will not have to be licensed.

Sincerely,



Pamela Lee, R.N.
Coordinator Home Health
Care Program



MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
HEALTH SERVICES AND MEDICAL FACILITIES DIVISION
Cogswell Building
Helena, Montana 59620

October 18, 1984

LICENSED HOSPICES

Anaconda Pintler Hospice Fourth and Alder Streets P. O. Box 596 Anaconda, Montana 59711 Dir: Ruth Laslovich Tel: 563-5422	Hospice of St. Peter's Community Hospital 2475 Broadway Street East Helena, Montana 59601-4999 Exec. Dir: Howard Purcell Tel: 444-2195
Big Sky Hospice 310 North 27th Street Billings, Montana 59101 Coordinator: Ann Wells, R.N. Tel: 248-7442	Gateway Hospice, Inc. P. O. Box 709 Livingston, Montana 59047 Chairman: Julia Jardine, R.N. Tel: 222-8144
Gallatin Hospice P. O. Box 5187 Bozeman, Montana 59715 Dir: Gail Bronken Tel: 587-5683	Hospice of Missoula 500 W. Broadway P. O. Box 8273 Missoula, Montana 59807 Exec. Dir: Kathleen Mensing Rehbein Tel: 549-7757
Highlands Hospice, Inc. 1635 Stuart P. O. Box 267 Butte, Montana 59703 Dir: Karen Hinick Jan Poore Tel: 782-8361, x1354	St. Joseph Mission Mountain Hospice P. O. Box 1010 Polson, Montana 59860 Dir: Sheila Gapay Tel: 883-5377
Dillon Hospice 1260 South Atlantic Dillon, Montana 59725 Coordinator: Ruth Haugland Tel: 683-2324	Helping Hands Hospice P. O. Box 81 Roundup, Montana 59072 Coordinator: Judy Schmidt, R.N., M.N. Tel: 323-1758
Columbus Hospital - Hospice Program 500 - 15th Avenue P. O. Box 5013 Great Falls, Montana 59403 Adm: Frank Stewart Tel: 727-3333, X572	Kootenai Volunteer Hospice P. O. Box 781 Libby, Montana 59923 President: Rita Windom Kathryn Johnson Tel: 293-6764
Hospice of the Bitter Root P. O. Box 1350 1343 Hamilton, Montana 59840 Dir: Ruth Hards Tel: 363-2450	

HOUSE BILL 271

My name is Sister Elizabeth Henry. I am a nurse and an administrator of a Home Health Agency and am here in opposition to HB 271. I would like to make the following points:

- 1) Licensure is a mechanism to control standard of care. It can assist in the reimbursement area but that is not its main purpose.
- 2) Care of the terminally ill requires a high level of skill. This is both in the area of physical care and psychological services.
- 3) An uncontrolled health service is dangerous for the consumer. (Well meaning people can be dangerous for the consumer).
- 4) I believe you are leaving the terminally ill, in Montana, very vulnerable if you lift the controls on their caregivers; even if they are volunteers.



COLUMBUS HOSPITAL · ESTABLISHED IN 1892 BY SISTERS OF PROVIDENCE
500 15th AVE. SO. P.O. BOX 5013, GREAT FALLS, MT. 59403 (406)727-3333

HOUSE HUMAN SERVICES AGING COMMITTEE

Unfortunately, I could not be present to speak. Kindly consider my stated concerns regarding House Bill 271.

Columbus Hospital has offered hospice services without charge to Great Falls and surrounding communities in Cascade County for over four years. Initially, Lewistown and Havre hospice services were an outreach from Columbus Hospital hospice; now they are community based. Currently, Columbus Hospital has hospicetrained people in Fort Shaw and Belt, and I believe these experiences in hospice work speak to my credibility regarding Montana hospice needs.

Being a "Montana hospice pioneer," (Director of one of the first-established hospices in the state), I was not initially in favor of a licensing mechanism. I espoused the new volunteerism President Reagan alluded to early in his first term. However, Columbus Hospital hospice was one of the first hospices to request and receive state licensure in January 1984 and subsequent renewal for 1985.

Early on in the Montana hospice experience, there were several incidences of communities having so called "hospices." Yet the stories that filtered back caused me great concern. These groups were not offering hospice care but as I was told by one, "something like it." You don't offer "something like it" when a well-run program of crisis intervention and support is indicated. There were attempts to exploit and convert patients and to take advantage of families in emotionally-weakened conditions. This from groups who called themselves hospices staffed and run totally by

volunteers.

Communities should offer support services to those dying and their families, yet they need not call it hospice if they choose to circumvent the licensing mechanism.

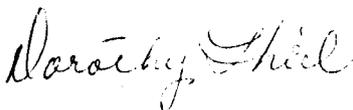
The two medical oncologists in Great Falls treat patients from all over the state. Columbus Hospital does likewise. If we have a fragmented network of hospices, i.e. some credible through licensure, some not, the patients are the ones who will be the losers. In good conscience, we will not refer to hospices who cannot make the effort to meet minimum standards of care if the bill passes.

We may be a rural state with our unique set of problems but hospice is not where values should be compromised. Hospice deserves to be synonymous with quality of care.

When it comes right down to it, Columbus Hospital hospice is staffed with all volunteers with the exception of a portion of my time. So does that mean we are a "volunteer hospice"? This bill is poorly designed and if passed has the potential of destroying hospice integrity in Montana.

In conclusion, Charles Dannaher, M.D. and Karl Guter, M.D., medical oncologists in Great Falls, both state they support maintaining the present minimum standards for hospice care.

Sincerely yours,



Dorothy Thiel, R.N.
Hospice Director

✓



Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

TESTIMONY ON HOUSE BILL 271

Madam Chairman and Committee Members:

My name is Shirley Thennis, and I represent the Montana Nurses' Association. We speak in opposition to House Bill 271.

The reason for licensing the Hospice Programs of the state is the direct protection of the consumer. Regardless of whether the program is licensed, the staff of each program must have education and training necessary to care for those who are terminally ill. With licensure, these programs and those persons designated to carry them out, will have to meet basic educational requirements. Whether a person is a volunteer or a trained professional, he or she still needs to be properly prepared to safely administer a service. This procedure protects both the consumer and the caregiver.

Thank you for allowing me to testify today.

TESTIMONY ON HOUSE BILL NO. 271 BY DALE TALIAFERRO,
BUREAU CHIEF, HEALTH PLANNING AND RESOURCE DEVELOPMENT,
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Chairman Keenan and Representatives of the Committee, my name is Dale Taliaferro. I am representing the Department of Health and Environmental Sciences and am speaking in opposition to this bill.

Hospice licensing was established in Montana by the Forty-eighth Legislature and the Department has responsibility for licensing these facilities. There are currently 13 licensed hospices in Montana.

A copy of the definition of hospice and the minimum standards for the service is attached to this testimony. The service includes home and in-patient health care that provides or coordinates palliative and supportive care for the terminally-ill patient. Standards require a care team qualified to provide medical, nursing, psychological and spiritual care. Licensing surveys verify the organizational requirements, staff qualifications, treatment coordination, patient record system, training provisions for volunteers, and other related requirements.

This bill exempts a hospice program staffed by volunteers and thereby creates hospice services with no definition, service requirements, or staff qualifications.

The purpose of medical facility licensure is to protect the public by assuring appropriate services, service standards, and staff qualifications. An organization that offers hospice services to the public should be required to meet the licensure standards and obtain a license. These assurances should be established whether the service is for profit, non-profit, or volunteer.

The current hospice licensure law does not prevent volunteer groups from offering services. It only prevents them from calling their service a hospice unless they meet the requirements and obtain a license.

Passage of this bill would not enable new services and would tend to undermine the protection of the licensing law and confuse the public.

Rule 16.32.362 reserved

16.32.363 MINIMUM STANDARDS FOR A SKILLED AND SKILLED/ INTERMEDIATE CARE FACILITY -- DRUG SERVICES (1) Medication shall be released to a patient at discharge only on the written authorization of his licensed physician.

(2) Self-administration of medication by a patient is not permitted except on order of his licensed physician.

(3) Any deviation from the prescribed drug dosage, route or frequency of administration and unexpected drug reactions shall be reported immediately to the patient's licensed physician with an entry made on the patient's medical record and on an incident report.

(4) A current medication reference book must be provided at each nurses station. (History: Sec. 50-5-103, 50-5-404 MCA; IMP, Sec. 50-5-103, 50-5-204, 50-5-404 MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80.)

Rules 16.32.364 through 16.32.369 reserved

16.32.370 MINIMUM STANDARDS FOR A HOME HEALTH AGENCY

A home health agency shall comply with the Conditions of Participation for Home Health Agencies as set forth in 42 CFR 405, Subpart L. A copy of the cited rule is available at the department. (History: 50-5-103, 50-5-404 MCA; IMP, Sec. 50-5-103, 50-5-204, 50-5-404 MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80.)

16.32.371 MINIMUM STANDARDS FOR A HEALTH MAINTENANCE ORGANIZATION A health maintenance organization shall comply with the requirements for a health maintenance organization as set forth in 42 CFR 405.2001 through 405.2007. A copy of the cited rule is available at the department. (History: Sec. 50-5-103, 50-5-404 MCA; IMP, Sec. 50-5-103, 50-5-204, 50-5-404 MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80.)

Rule 16.32.372 reserved

16.32.373 MINIMUM STANDARDS FOR A HOSPICE PROGRAM

(1) The following definitions apply in this rule:

(a) "Hospice program" means a public agency or private organization (or a subdivision thereof) which is primarily engaged in providing hospice care, provides such hospice care on a 24-hour on-call basis, and also provides bereavement counseling for the immediate family of terminally ill individuals.

(b) "Hospice care" means home and in-patient health care that provides or coordinates palliative and supportive care to meet the needs of a terminally ill patient and his family arising out of physical, psychological, spiritual, social, and

and economic stresses experienced during the final stages of illness and dying, and that includes a formal bereavement component.

- (2) A hospice program may be licensed to operate either:
 - (a) as a part of a licensed hospital without its own license when the department finds that the hospital's hospice program meets the requirements set forth in this rule, or
 - (b) with its own hospice license when the department finds that it meets the requirements set forth in this rule.
- (3) Licensed hospice programs shall have the following organizational components:
 - (a) A formally established governing body with authority to make decisions affecting the operation of the hospice;
 - (b) An organization chart defining reporting relationships among hospice workers;
 - (c) A statement of patient/family rights;
 - (d) Established policies for the administration and operation of the program, including but not limited to:
 - (i) Written criteria for program admission and discharge;
 - (ii) Procedures for bereavement referrals and assistance;
 - (iii) Development of a plan of care;
 - (iv) Agreements with other licensed health care facilities for proper transfer of patients and follow-up of plans of care;
 - (v) System(s) for recordkeeping;
 - (vi) Patient care procedures; and
 - (vii) In-service education.
 - (e) Formal, on-going long range planning;
 - (f) Development of annual budgets;
 - (g) Annual evaluation of each aspect of the hospice program, including the program's quality assurance measures.
- (4) Licensed hospice programs shall have a care team responsible for the provision of hospice care. The care team shall:
 - (a) include persons with skills in the areas of medical care (M.D.), nursing care, psychological care and spiritual care;
 - (b) consist of members who are qualified by education, training, licensure or experience to provide optimal care to hospice patients and families;
 - (c) Confer or meet regularly;
 - (d) Assign overall responsibility for implementation of the individual plan of care to an identified coordinator;
 - (e) Allow for inclusion within the care team the patient/family and other personnel resources within the community as appropriate.
 - (5) Licensed hospice programs shall assure that each patient has a physician who is the patient's primary physician. The primary physician shall:

(a) Assist in the development of the patient's care plan; and

- (b) Approve and sign the plan.
- (5) Licensed hospice programs shall maintain a medical record for every individual accepted as a hospice patient. The medical record shall include:
 - (a) Patient identification, diagnosis, prognosis;
 - (b) Patient's medical history;
 - (c) Patient/family plan of care;
 - (d) A record of all doctor's orders, verified at appropriate intervals;
 - (e) Progress notes, dated and signed; and
 - (f) Evidence of timely action by the patient care team.
- (7) Licensed hospice programs which utilize volunteers shall provide volunteer training which shall include:
 - (a) Information concerning hospice philosophy;
 - (b) Instruction on the volunteer's role, responsibilities, restrictions and expectations; and
 - (c) Information concerning the physical, emotional and spiritual issues encountered by hospice patients and families.
- (8) Licensed hospice programs shall allow the patient/family to make the decision to participate in a hospice program and shall encourage the patient/family to assume as much responsibility for care as they choose;
- (9) Licensed hospice programs shall assure that all services including skilled nursing services are provided either directly or by contract or are arranged through referral as necessitated by the patient/family needs.
- (10) Licensed hospice programs shall have a plan for providing bereavement follow-up for families desiring it. (History: Sec. 50-5-103 MCA; IMP, Sec. 50-5-103, 50-5-204 MCA; NEW, 1983 MAR p. 1460, Eff. 10/14/83, AMD, 1984 MAR p. 879, Eff. 6/1/84.).

Rules 16.32.374 through 16.32.379 reserved

16.32.380 MINIMUM STANDARDS FOR A PERSONAL CARE

- FACILITY -- ADMINISTRATION** (1) Any employee having responsibility for residents must be at least 18 years of age.
- (2) Written daily work schedules for employees showing the personnel on duty at any given time must be kept at least one year.
 - (3) At least one facility staff member must be present in the facility at any time.
 - (4) The family or other person responsible for a resident must be notified promptly if the resident is removed from the facility. A notation of the date of the contact and the person contacted must be made in the resident's record.
 - (5) There must be a written agreement with the facility and each resident or other person responsible for a resident pertaining to cost of care, type of care, services to be provided, and manner by which the responsible party will be



National Mental Health Counselors Week, 1984

By the President of the United States of America

A Proclamation

Mental health counselors use special counseling skills and understanding of human development to help their fellow Americans cope with problems of adjustment, the pain of illness, and the stresses of life. They provide 50 percent of the mental health services delivered in this country, working with the chronically mentally ill, the depressed, the anxious, the abused, and others, who, through no fault of their own, cannot fully meet their daily obligations or experience life's pleasures.

Through a variety of techniques, mental health counselors assist people to attain self-understanding and skills needed to solve problems, make decisions, and successfully deal with others in an increasingly complex world. Mental health counselors work in hospitals, community agencies, clinics, and the private practice sector and with all types of health professionals, applying the expertise gained through their many years of education and training.

In recognition of the important services that these counselors perform for others to save lives and reduce suffering, the Congress, by Senate Joint Resolution 203, has designated the week beginning April 8, 1984, as National Mental Health Counselors Week and has authorized and requested the President to issue a proclamation in observance of this event.

NOW, THEREFORE, I, RONALD REAGAN, President of the United States of America, do hereby proclaim the week beginning April 8, 1984, as National Mental Health Counselors Week. I call upon health care professionals, educators, the media, individuals, and public and private organizations concerned with mental health to observe this week with appropriate ceremonies.

IN WITNESS WHEREOF, I have hereunto set my hand this 8th day of April, in the year of our Lord nineteen hundred and eighty-four, and of the Independence of the United States of America the two hundred and eighth.

Ronald Reagan

AMHCA

AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION
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Horace Mann School
231 West 246th Street
Bronx, New York 10471
(212) 548-4000, Ext. 270

Dear Montana Legislators:

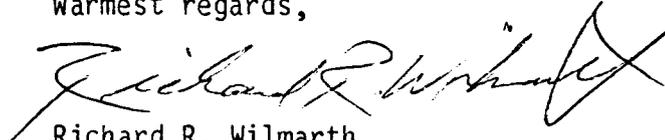
On behalf of the American Mental Health Counselors Association and the hundreds of members of the Montana Counselors Association (ACA), a division of the American Association for Counseling and Development which has over 42,000 + members nationally, I am writing to request your support of their efforts to procure licensure in the state of Montana for professional counselors. Members of the Montana Counselors Association have, over the last several years, worked very diligently to inform and convince you, their elected leaders, that it is essential to both the welfare of the consumer and for the protection of the profession that a licensure law be enacted that would regulate professional behavioral health care providers. The recognition of licensed professional counselors by state governments has been a slow but steadily encouraging process. At the present time, there are ten states that license or certify professional counselors. They are Texas, Tennessee, Alabama, Arkansas, Virginia, Florida, Idaho, Georgia, North Carolina, and Ohio. In addition to these states which have already passed counselor licensure, there are bills pending in 28 other states. As has been the case with other mental health professionals, obtaining state licensure is a state-by-state process. The fact that professional counselors are not recognized legislatively throughout all 50 states speaks more to the issue of politics than it does to the issue of professional competency.

Professional counselors in Montana are currently providing direct client services in a variety of settings including community mental health centers, private practice, hospice, and other state agencies. Professional counselors also work in many underserved communities and are often the only providers of individual and group counseling for persons needing intervention and preventive mental health care. Professional counselors hold masters degrees or doctoral degrees in behavioral health fields and have had supervised experience working with individuals, families, or groups who are having life-coping problems, career adjustment problems, or general personal problems. Counselors are trained experts in dealing with the average person who is having these

Montana Legislators
Page 2
1-7-85

difficulties. As president of the American Mental Health Counselors Association and as a currently licensed professional counselor in Alabama, I strongly encourage you to support your constituents' efforts to certify behavioral health professionals.

Warmest regards,

A handwritten signature in cursive script, appearing to read "Richard R. Wilmarth". The signature is written in dark ink and is positioned above the typed name.

Richard R. Wilmarth
President

RRW/sk

PROPOSED TESTIMONY FOR HOUSE BILL 571 ON COUNSELOR LICENSURE

My name is Rowan Conrad. I am Director for Counselor Training Programs at the University of Montana.

A couple of years ago I was invited by a group developing a counselor licensure legislation to work with them. I have been working with them formally and informally since.

I have been impressed with the quality and sincerity of my colleagues working on this legislation. They have been thorough in their research into other counselor licensure bills in force, sincere in seeking wide and diverse input from others, and generally responsible in their approach to the issue. They have modeled the current legislation on national guidelines and the experience of others; primarily the licensure bill in Idaho. They have communicated widely with Montanans and made adaptations to meet local concerns. They have held several open meetings on the bill with widely broadcast invitations; including a State-wide hearing in Bozeman last year attended by over thirty persons from across the State. As a result of that meeting a wide range of concerns was heard and persons in attendance were allowed to vote on all items of disagreement. The current bill has been faithful to the input and votes at that meeting. I can verify this as I attended the meeting, presented my own concerns, and a list of concerns on behalf of the clinical psychology faculty at UM. My major input was incorporated as were the majority of suggestions sent by UM's clinical faculty.

I am sure the current bill does not fully please everyone. I am convinced that it is the best legislation in this arena that we can develop giving fullest consideration to the range of needs and interests that impinge on this issue. It has several key features that I believe make it both comprehensive and credible.

1. The permanent licensure requirement is at the 90 credit level or the "masters degree + thirty credit" level. This satisfies neither those who believe licensure should be available to any masters degree holder nor those who believe licensure should be limited to the doctorate. This level of qualification meets the basic need of both camps as it does not require the doctorate, but it requires as extensive a preparation as a Ph.D. if you do not count the research requirements for that degree. (Counselors, and a segment of psychologists, do not believe the extensive research training is relevant for applied (as opposed to academic professionals.) It is a compromise that I believe does not detract quality.

2. The bill is generic in that it licenses counselors as a group instead of further subdividing an overall profession that is sufficiently fractured. (e.g. Note the legislature will be licensing three different mental health professions already.) A strength of counselors versus other mental health practitioners is that counselors are generalists and very diverse in their emphasis skills and interests. Some think this is a problem. I see it as a major strength. At this time I see no need or advantage to complicate the picture with counselor specialty legislation. (I believe this decision is best left to the board. At such time as the State seems to need specialty designation, the board should be allowed to develop such. The current bill avoids getting counselors into the "I'm better than you are" family infights that at times characterize battles between the various professional designations in the broader mental health field--counselors versus psychologists versus social workers versus psychiatrists).

3. Counseling diversity means a diversity of preparation experiences. Again, I believe this is a strength in our overspecialized society. In order to assure the quality of preparation safeguards have been installed.

a. The bill requires more than the masters degree

b. A planned program of study and an advanced degree are required rather than a random selection of courses that someone picked up over time. This means that persons not trained in a set program must have their preparation organized and attested by a qualified responsible faculty member.

c. It requires successful completion of nine credits in an advanced practicum. Students who do not possess a basic competency should not be able to survive such an extensive practicum.

d. It will require passing one of two nationally normed examinations for counselors plus whatever other processes the Board deems appropriate for our State. Nobody is excused from examination; including during the "grandfather" period.

Thus rather than an extensive list of nationally dictated requirements, a set of key catchpoints insures quality while allowing Montana faculty to target training and the Board to grant licenses based largely on Montana needs. This will be the only license in the mental health field that grants such flexibility--other licenses are tied tightly to national curricular guidelines. This bill is based on national guidelines (90 credits, 9 credits of advanced practicum, etc.) but allows some flexibility for meeting our local needs and conditions.

4. This bill allows for training in Montana at more than one Montana institution. Currently licensed social workers are either imported or else Montanan's are exported for training. Currently only UM trains clinical psychologists for licensure. This allows us to "grow" a diversity of mental health professionals at home to meet our own needs.

Frankly, the only persons that I have found to be opposed to the bill are:

1. Persons who fear the competition will drive down prices for mental health services in the market place (and they are correct, it will--private counselors fees are usually about half what psychologists, for example, charge);
2. Insurance companies who fear that insurance costs will rise (and they are incorrect for the same reason--counselor's services cost less); and
3. Persons who have seen past abuse of licenses by professionals to try to gain a monopoly privilege and exclude others for economic reasons dressed up in "protect-the-public" professional clothes. Stella Jean Hansen indicated that concern in a letter to me. It is one I share, and a kind of discrimination that has been applied to me, and to many counselors in the past by the ways psychologists have tried to implement their law. This is not the intent of the current legislation or of anyone involved in its development to the best of my knowledge. Many of us have suffered from the way the Board of Psychologists have, at times, attempted to implement their bill. We would not inflict that on others. We here correct an (untentional I'm sure) discrimination that now exists in legislation when psychologists and social workers are licensed, but the profession that nationally provides most of the services, counselors, is not.

But probably your best guarantee against this is in the nature of the counseling profession itself. It is diverse. It respects the vastness of the domain of knowledge in the "helping fields" generally. It is non-exclusivist and non-elitist by nature. It believes in the powers and capacities of individual clients as the key to progress on concerns. Counselors do not want to stop anyone from doing anything. They simply want the legal status to go with their professional status for those that have special professional training and can demonstrate absorption of that training by examination. The current legislation is inclusive and descriptive. It is not exclusionistic or elitist.

I have been asked if this is merely a ploy to add faculty and programs to the University system. It is not. Programs are already in place. Any current resource requests are apart from this legislation. It seems to me that the current legislation is good in that it does not cost the taxpayers, and it should save money for consumers by generating more available lower cost mental health services. If find it professionally sound. I urge your support. Thank you.

TESTIMONY

by

Kathleen Campbell
supporting
House Bill 571

I'm Kathleen Campbell, a counselor in private practice in Billings. I am also the Chairperson of the Montana Mental Health Counselors Association's Licensing Committee, and I represent the Montana Association of Counseling and Development. Members of the Montana Association of Counseling and Development include Psychologists, Psychiatrists, School Counselors, Social Workers, and Counselors.

We came before the Senate two years ago with a licensing bill, and it was defeated in committee. In retrospect, that was good as we present to you today a bill that is of far superior quality to the one two years ago. After our defeat, our state organization funded a trip to Houston, Texas for me to work with our National organization, as well as with persons from other states where counselor licensure bills have been adopted. After one week of work, I returned to Montana and began tailoring our bill for the state of Montana.

We've had over 100 people intimately involved in this process, and feel we have a licensing bill now that will allow the public to be assured that Licensed Professional Counselors have met strict quality standards.

This bill is modeled after a national bill drafted by the American Association of Counseling and Development which has 42,000 members. Our state organization represents over 300 counselors. We believe that nearly 200 counselors will likely be licensed under the bill in Montana.

One of the most extensive mental health studies done by the National Institute of Mental Health in 1978, called the Midtown Manhattan Study, shows that approximately 23% of the population will utilize mental health services. Only 2.3% of these require a Psychiatrist due to their problems. The others can utilize a counselor's services. It's like--you don't need to see a brain surgeon for a headache. Thus, this bill assures the public of a less costly alternative to mental health care by people who are adequately qualified.

HOUSE BILL 571

LICENSURE OF PROFESSIONAL COUNSELORS

FACT SHEET

HB 571 provides for the licensing and regulation of professional counselors, also know as mental health counselors.

Following are the main features of the bill:

1. Prohibition that no person may represent himself to be a "licensed professional counselor", "licensed counselor", "professional counselor", or "LPC" unless he is licensed as provided in the bill. THE BILL DOES NOT PROHIBIT ANYONE FROM ENGAGING IN PROFESSIONAL COUNSELING UNLESS HE IS LICENSED; IT ONLY REQUIRES THAT ONE MUST BE LICENSED TO HOLD HIMSELF OUT AS A LICENSED PROFESSIONAL COUNSELOR. (Section 5)
2. Specific exemptions for psychologists, pastoral counselors, school counselors and many others so long as they do not hold themselves out as "licensed professional counselors." (Section 5)
3. Establishment of a Board of Professional Counselors in the Department of Commerce to administer examinations, issue licenses, and regulate the profession. (Sections 1 and 2)
4. Educational and experience requirements in order to obtain a license. These requirements will be more stringent after October 1, 1987. (Section 6)
5. NO GRANDFATHERING, except that the requirements to obtain a license are slightly less strict up to October 1, 1987. (Section 6)
6. Requirement that information obtained by a licensed counselor be confidential, with certain enumerated exceptions. (Section 13)
7. Provision for health insurance coverage AT THE OPTION OF THE CONSUMER for professional counseling. (Sections 15 and 16)

Some Facts:

1. There are 42,000 counselors who are members of the American Association of Counseling and Development.
2. There are over 300 counselors who are members of the Montana

Association of Counseling and Development.

3. Up to 200 people will probably be licensed under this bill.
4. 10 other states have similar licensing laws, and 28 additional states are considering such legislation.
5. Apart from the research core required in doctoral programs, the credits required by this legislation are as extensive as those required to license a pshychologist.
6. Legislation is now pending in Congress to provide for Medicare and Medicaid coverage for licensed Professional Counselors.

Reasons For The Bill:

1. Ensure that the consumer will be able to make intelligent choices in the selection of qualified and competent professional counselors.
2. Provide less costly mental health counseling through health insurance coverage. (Professional counselors typically charge less than psychiatrists or psychologists.)
3. Upgrade the profession by ensuring qualifications and ethical standards.
4. Provide freedom of choice to the consumer in selecting mental health counseling alternatives. (Now health insurance coverage is available only for psychiatrists and psychologists.)

Prepared by Montana Association of Counseling and Development and the Montana Mental Health Counselors Association

543 J. H. West
Missoula, MT 5980
February 11, 1987

Nancy Keenan
Chairperson/Committee Members
House Human Services Committee
Capital Station
Helena, MT 59620

Dear Mrs. Keenan and Committee Members,

I am writing to support the counselor licensing bill, HB 571. I am a licensed Clinical Psychologist (#96) in the state of Montana and have practiced here for the past 6 years.

I believe this bill will provide the people of Montana with the larger number and variety of human service providers we need while helping insure better quality services.

Please support the passage of this bill.
Thank you for your attention.

Sincerely yours,
Kathryn J. Lentz, Ph.D.
Clinical Psychologist



Montana State University
Bozeman, Montana 59717

Counseling Center

Telephone (406) 994-4531

2/11/85

Dr. Richard Horswill
Coordinator, Counselor Education
Montana State University
Bozeman, MT 59717

Dear Dr. Horswill,

I will be out of the country on February 15, and will not be able to give personal testimony regarding House Bill 571, Professional Counselor Licensing. However, I am familiar with the bill and totally support legislation which will license professional counselors. The passage of this bill would identify those individuals who meet the standard training credentials required for a professional counselor. Equally important, is the fact that Montanans seeking help from qualified professional counselors will be assured that the professional is adequately trained at the graduate degree level, has received appropriate supervision, and conforms to a recognized code of ethics established by the American Association for Counseling and Development.

I am pleased to endorse House Bill 571, and view this legislation as a major step forward in mental health service for the State of Montana.

Sincerely,

A handwritten signature in cursive script that reads 'John O'Connell'.

John O'Connell, Ph.D.
Director, Counseling & Psychological
Services
Licensed Psychologist

JOC:kmt



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Lynn Wordal
Great Falls
Glover Wagner
Bozeman
EX OFFICIO
Allen Adams
Great Falls
John Schaeffer
Billings
Philip H. Young
Billings

Honorable Legislators:

Since I have been informed that the Montana Psychological Association is testifying in opposition to House Bill 571 for "Licensing and Regulation of Professional Counselors," I want to make clear that this position does not have the unqualified support of all the members. In fact, in our Autumn, 1984 meeting the majority of the members present voted in opposition to the position MPA is presently taking. (Since then a ballot on this issue was mailed to all members with the report from the Autumn meeting. How many members responded I do not know.)

As an active member of the Montana Psychological Association I want to state my conviction that MPA should not be involved in this issue. I am aware of other members of MPA who share that conviction. I am also personally in favor of the licensing of Master's level counselors so they can properly regulate themselves. I am not opposed to House Bill 571 in particular, although I believe the bill would be strengthened by an indication that "appraisal" in 3. (3) (b) should not be confused with "psychological evaluation." It would be further strengthened by some indication that counselors are obliged to seek consultation from a psychiatrist or psychologist regarding the diagnosis, treatment or referral of severely emotionally disturbed individuals or families.

Thank you for your consideration of this letter.

Sincerely,

Hugh M. Black, Ph.D.
Licensed Clinical Psychologist

MMH

February 14, 1985

To the Honorable Members
of the House Health and Human services committee.

Dear Members,

I take this timely opportunity to speak in favor of the intent of the Bill to provide licensure of professional counselors and the possibility of third-party reimbursement for services. It originated as LC 784.

My reasons:

1. It will upgrade the quality of professional standards, thus increasing the quality of service available to the citizens of Montana.
2. Achieving third party reimbursement for counseling services is of the utmost importance to private social service agencies. As public tax dollar funding for social service programs continues to decline, private agencies and individual private practice counselors continue to be ;impacted with increased requests for services. We are consequently impacted with the increased costs of providing those services.
3. The Board of Directors of our particular agency mandates a policy that we provide counseling to all persons regardless of ability to pay. We turn no one away for lack of money or insurance. Our flexible, sliding fee scale permits clients to receive full counseling services at a fee rate they choose to set for themselves.

I regret that I am not able to be present in person before you on this matter.

I remain respectfully yours,


Kenneth Gjerde, Executive Director
Lutheran Social Services of Montana

ADMINISTRATION
AND DEVELOPMENT
ADMINISTRATION
Great Falls
P.O. Box 1341
Great Falls - 59403
7 Park Drive N
Phone: 761-4344
Phone: 761-4341

AREA OFFICES
Billings - 59102
Billings - 59102
Billings - 59102
Phone: 652-1310
Phone: 652-1310
Great Falls - 59403
P.O. Box 1341
Great Falls - 59403
7 Park Drive N
Phone: 761-4344
Phone: 761-4341

Kalspeil - 59901
Oriskany Street
Phone: 755-8847
Missoula - 59801
203 3rd Street
Phone: 549-0147
Phone: 549-0147

SERVICE SITES
SERVICE SITES
Phone: 586-0664
Phone: 586-0664

Glendive
Phone: 365-3369
Phone: 365-3369

Havre
Phone: 265-5881
Phone: 265-5881

Helena
Phone: 449-3423
Phone: 449-3423

Plentywood
Phone: 756-1528
Phone: 756-1528

Sidney
Phone: 482-3350
Phone: 482-3350

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MONTANA
MONTANA

Congregations, Communities, And People Serving Together
Congregations, Communities, And People Serving Together



February 12, 1985

TO WHOM IT MAY CONCERN

I am writing in regard to House Bill 571, a bill to license professional counselors. I strongly support this effort to establish a system to monitor the profession of counseling. This is an important step in providing trained competent professionals in this important field.

Sincerely,


Kathleen O'Malley, Ph.D.
Licensed Psychologist #153

KO:sw

Licensure will not restrict the supply of professional counselors, as has often been the case with other occupational groups. Standards for counselor licensure are competency-based and are not intended to be exclusionary on the basis of professional affiliation or restricted specialization. If anything, the number of professional counselors should increase due to the broadened options that legal recognition would provide. The resulting enhancement of the preventive component of mental health services should have the effect of reducing overall costs rather than escalating them.

QUESTION: How will counselor licensure be administered?

ANSWER: The counselor licensure bill provides for the establishment of a Board of Examiners in Professional Counseling to be appointed by the Governor. The Board will be composed of professional counselors representing various work settings, specializations, and levels of training, and lay persons representing the public at large. The Board would be empowered to implement the standards set by law, review individual applicant qualifications, establish examining procedures, issue licenses, conduct investigations, and discipline incompetent or unethical practitioners. Actions of the Board would be subject to legislative audit and oversight by the executive branch. Administrative costs would be borne entirely by licensure application, examination, and renewal fees.

QUESTION: Who is sponsoring the effort to license professional counselors?

ANSWER: This legislative effort was initiated by the state professional counselors organization, which is a branch of the American Association for Counseling and Development. The national organization consists of over 42,000 members in school, college, mental health, correctional, rehabilitation, job service, vocational, community agency, family service, and private practice settings. Counselor licensure laws have been passed by seven states since 1976. The bill has also been endorsed by lay and professional organizations interested in mental health and education.

QUESTION: How will these sponsoring groups benefit from the passage of a counselor licensure law?

ANSWER: This bill will protect the constitutional right of professional counselors to practice their profession. The scope of practice clause is designed to be descriptive rather than exclusionary. Its purpose is to define what professional counseling is and what professional counselors do, not necessarily to prevent members of other professions from engaging in the services listed. Licensed clinical psychologists, for example, could provide career development services as long as such activity did not violate rules of the psychology licensing board and as long as they did not represent themselves as licensed professional counselors. It should be noted that a diametrically opposite position by the state psychology board is another reason why professional counselors began to seek legal recognition through statutory licensure.

Lay and allied professional organizations have a variety of reasons for supporting this bill. Most of these reasons spring from a commitment to preventive mental health services and the belief that professional counselors are best suited by training, experience, and philosophical orientation to provide these services.

The state professional counselors organization, while acknowledging that the bill will benefit the profession, firmly believes that its primary effects and benefits lie in the areas of consumer protection and assurance of quality mental health services. The people of this state deserve nothing less.

* * * * *
The preceding questions are frequently asked by state legislators when they are considering licensure bills. The answers provided are intended as suggested responses for counselors serving as lay lobbyists and members of a government relations network.
* * * * *

For further information, contact:

American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, Virginia 22304

This brochure was prepared by the AACD Licensure Committee as a service to state branch organizations.

COUNSELOR LICENSURE: ANSWERS TO LEGISLATORS' QUESTIONS

QUESTION: What is the problem?

ANSWER: Professional counseling is a unique specialty within the broad field of mental health potentials of individuals. Professional counselors are committed to facilitating human growth and development through individual and group counseling, educational procedures, consultation, and research.

The title "counselor" enjoys a general acceptance by the public at large. It is not surprising that this title has been appropriated by a variety of sales personnel, by massage parlor operators, by abortion clinics, and even by palm readers, as a means of gaining credibility and minimizing public resistance. This kind of occupational smokescreen has led to confusion in the public mind as to the identity and function of professional counselors with graduate degrees and extensive training in the field. Much more serious, however, is the growing incidence of untrained, unscrupulous persons offering "counseling services" of an exotic nature, often for outlandish fees.

QUESTION: Why should professional counselors be licensed?

ANSWER: Since professional counseling has no legal definition in this state, literally anyone may claim the title "counselor." There is no machinery for identifying qualified practitioners, for enforcing professional standards, or for holding practitioners accountable for their actions. The Yellow Pages are an excellent means of identifying a plumber, but they provide little guidance for the consumer in selecting a counselor.

Licensure would protect the public's right to be served by qualified counselors and ensure freedom of choice in opting for counseling services in preference to mental health services of other orientations. Licensure would provide the machinery for enforcing professional standards. The use of the title "professional counselor" would be restricted to practitioners with the demonstrated skills prescribed by these standards. The counseling profession's Code of Ethics would be enforceable. The public's access to counseling services would be enhanced, as would assurance of competent practice.

QUESTION: What efforts have already been made to address these problems?

ANSWER: The National Board for Certified Counselors (NBCC), founded in 1982, has already certified nearly 8,000 professional counselors. This certification process includes comparison of applicants' graduate transcripts with professional training standards, supervisor and colleague recommendations, and satisfactory performance on a standardized national examination. Applicants meeting criteria are designated as National Certified Counselors. This certification will enable consumers, employing agencies, and others to identify those practitioners who have demonstrated a high level of professional competence. The Commission on Rehabilitation Counselor Certification and the National Academy of Certified Clinical Mental Health Counselors have initiated national certification procedures for rehabilitation counseling and mental health counseling, respectively, following federal guidelines for credentialing health services providers.

Since 1976 seven states (Alabama, Arkansas, Florida, Idaho, North Carolina, Texas, and Virginia) have provided a legal remedy by passing counselor licensure legislation. In the remaining states regulation of the practice of professional counseling currently does not exist.

QUESTION: Have alternatives to licensure legislation been considered?

ANSWER: National certification procedures are mentioned above. In the past, some counselors trained at the doctoral level have been licensed by state boards regulating the practice of applied psychology. Most psychology boards are now withholding their endorsement from all applicants except those who are Ph.D. graduates of university psychology departments. Most counseling graduates at both the master's and doctoral levels receive their training in schools of education and are thus excluded from even taking the psychology licensing examination.

Proposed legislation that would provide title certification has been discussed in some states. This move would afford some consumer protection, but real regulation in the sense of enforcing professional standards would not be addressed.

Professional disclosure, by which the practitioner provides the client with full information

related to professional training and qualifications prior to rendering services, has been advocated as a necessary ethical consideration. Most professional counselors in the private sector follow this practice on a voluntary basis. Licensure legislation would make professional disclosure a key component of the regulatory process.

QUESTION: How will the public benefit from professional counselors being licensed?

ANSWER: The public will enjoy increased access to counseling services. Community agencies are sometimes prevented by funding guidelines from hiring unlicensed mental health providers for professional level positions. Counselor licensure would enable these agencies to offer the preventive developmental services best provided by professional counselors. Since many state personnel classification systems do not currently list or describe counselors, state-funded agencies will benefit from increased flexibility in staffing if counseling as a profession is legally defined by a licensure statute.

Regulation of the title "licensed professional counselor" will enable the public to identify private practitioners with a greater assurance of competent services. Instances of incompetent or unethical practice will be dealt with through established procedures, with resort to court action no longer being a consumer's only recourse.

QUESTION: Could counselor licensure be harmful to the public?

ANSWER: Occupational regulation through statutory licensure has not always been beneficial to the public. Such abuses as restraint of trade, price fixing, lax renewal requirements, guild interest protection, and "ostrich" ethical behavior have been decried by legislators and consumers alike. The counselor licensure bill is written with an eye toward the prevention of such abuses.

The bill provides for public membership on the proposed licensing board. The counseling profession's Code of Ethics was written to be enforced, not to gather dust. The bill provides for stringent continuing education and license renewal requirements. The professional disclosure provision was discussed earlier.

??



DEPARTMENT OF SOCIAL WORK

(406) 243-5543

University of Montana
Missoula, Montana 59812

February 15, 1985

Representative Nancy Keenan, Chair
House Human Services Committee
Montana Legislature

RE: SB 19, Children's Trust Fund

I am requesting the support of your committee for SB 19, Children's Trust Fund (CTF) with appropriations from the General Fund in the amount of \$232,000 for the biennium.

The CTF is needed for prevention programs and small projects in our local communities to prevent child abuse and neglect. At \$116,000 per year, the appropriation could provide, for example, \$3,500 to 33 local communities in the state for projects tailored to these needs.

There is no other means for providing funds for prevention of sexual abuse, child abduction, community education, and support groups for parents on a consistent basis.

Through Montana Social and Rehabilitation Services in every county we provide for the investigation, case management, counseling and court services for families where there is serious and chronic neglect. However, there is no provision in our state budget for prevention. At present, more than half the states have adopted and funded CTF's.

On the back of this letter is a list of projects that have been successful, which are examples of activities that could be funded.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Bob Deaton'.

Robert L. Deaton
243-5534 (office)
543-7704 (home)

RLD:CMD

CHILDREN'S TRUST FUND LOCAL PROJECTS

1. local councils - to carry out prevention, education, and specific local projects for children.
2. Contingency Fund for Kids - small ticket items (\$20-150 per request) for a child or youth that is not met through existing services.
3. Parents Anonymous or other local support groups - for parents who neglect or potentially abuse their children.
4. Public Education Programs - acquaint the public with how to recognize and report neglect, child abduction, or sexual abuse.
5. Start new projects - such as a "safe house" for battered spouses and children, emergency care for young children, and youth home for teenagers.
6. Provide seed money and start-up money - which in turn could be used to secure grants or permanent local support for service clubs.

- # -

All of these projects are being tried in at least one community in Montana successfully at the present.

CHILDREN'S TRUST FUND LOCAL PROJECTS

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2. Contingency Fund for Kids - small ticket items (\$20-150 per request) for a child or youth that is not met through existing services.
3. Parents Anonymous or other local support groups - for parents who neglect or potentially abuse their children.
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- # -

All of these projects are being tried in at least one community in Montana successfully at the present.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 540

DATE 2/15/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Gloria SPRAGUE	Butte,	✓	
Madeleine S. Daniel	"	X	
Susan Mathews	"	X	
Bill Thomas	Missoula	X	
Barry Mottram	Helena	X	
Eileen F. Morgan	Helena	X	
Robert Heaton	Missoula	X	
Teri Alpert	Hamilton	X	
Janet Harvey	Missoula	X	
JUDY CARLSON	LOCAL HEALTH DEPTS	X	
Lu Tolstreet	S 28 Stuyvesant	X	
Solomon P. Pote	MEA Helena	X	
Jay McQuinn MHA	Helena	X	
Gerry Kubi	HD 25	X	
Don Allen - MHA	Helena	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 271

DATE 2/15/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
PATRICIA THOMPSON	1038 BROADWAY		✓
John Eckhart	Glasgow	X	
Louis Mason	Glasgow	X	
Brenda Schuy	Glasgow	X	
Marjorie Hickey	Missoula		✓
Bonnie Adair	Helena		✓
Montana Assoc. of HH of West... John Lyndal King	Helena		✓
J. Dale Piliopfero	Helena		✓
Molly Muir - MONTANA	Helena		✓
Shirley Hennis	MNA - Helena		✓
Trudy Malone	MNA "		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.
PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

