

DAILY ROLL CALL

Human Services Subcommittee

49th LEGISLATIVE SESSION -- 1985

Date 1-8-85

NAME	PRESENT	ABSENT	EXCUSED
Rep. Dorothy Bradley	X		
Sen. Chris Christiaens-Vice Chair	X		
Sen. Richard Manning	X		
Rep. Dennis Rehberg	X		
Sen. Pete Story	X		
Rep. Cal Winslow, Chairman	X		

MINUTES OF THE MEETING  
HUMAN SERVICES SUBCOMMITTEE  
January 8, 1985

Begin Tape 1, Side A

The meeting of the Human Services Subcommittee was called to order by Chairman Cal Winslow on January 8, 1985 at 8:05 a.m. in Room 108 of the State Capitol building.

ROLL CALL: All members were present.

GENERAL: Chairman Winslow opened the meeting by explaining an orientation of the Department of Health and Environmental Services (DHES) will be covered this morning. He said the committee might have to work earlier in the morning and on Saturdays to keep up. One change was noted by Chairman Winslow from this week's agenda which will be the discussion of SRS's supplementals on Wednesday, January 9, 1985 at 8:00 a.m. The No Smoking policy during meetings was pointed out. Chairman Winslow introduced the Secretary, Colleen Johnson, and the Legislative Fiscal Analysts, Peter Blouke and Taryn Purdy.

Chairman Winslow introduced Dr. John Drynan, Director of DHES, who in turn introduced Mr. Bob Moon to speak on health prevention and public health.

(064) Mr. Moon read from his prepared statement, "Health by Choice." (Exhibit 1). He also gave each committee member a draft of a departmental project, "Healthy Montanans: 1990 Perspectives." (Exhibit 2).

(125) Dr. Drynan described the organization chart for DHES and explained each organizational level and duties. (Exhibit 3) He mentioned that when DHES assumed the End Stage Renal Disease (ESRD) program, they were told there would never be more than 40 people on it. There are now 264 people participating in the program.

Dr. Drynan discussed the four different divisions under the Deputy Director; Financial Management, Environmental Sciences, Management Services, and Health Services & Medical Facilities Division and talked about the bureaus under each of those divisions.

Chairman Winslow asked for the names for the administrators in the various divisions: Deputy Director, Mr. John Bartley; Environmental Sciences, Mr. Don Willems; Financial Management, Mr. Ray Hoffman; Management Services, Ms. Yvonne Sylva; Health Services & Medical Facilities, Mr. George Fenner.

HUMAN SERVICES SUBCOMMITTEE

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Page Two

Dr. Drynan referenced the handout listing all DHES programs, grant periods, the amount of the last award, and special provisions for receiving these funds. (Exhibit 4).

Dr. Drynan discussed graphs showing Total Expenditures by Source of Funds (Exhibit 5) and noted there is less general fund in 1984 than was available in 1974. However, the level of programs have not decreased and other funds have picked up the difference. There is a marked decrease in the number of FTE's (Exhibit 6). The salary costs for DHES shows a definite increase (Exhibit 7). The operating expenses also shows a marked increase (Exhibit 8). The funding sources haven't kept pace with the cost increase (Exhibit 9). In referring to the pie chart, it shows 22.65% goes to Human Services and 4.1% to Health.

Dr. Drynan introduced Ms. Yvonne Sylva who presented a review of the Management Services Division (Exhibit 10).

Dr. Drynan introduced Mr. George Fenner who gave a presentation on the Health Services and Medical Facilities Division (Exhibit 11).

END OF SIDE A

Dr. Drynan indicated that a major issue for the committee will be the need to increase general fund for licensing and certification. The department is not licensing personal care because they do not have sufficient general fund to hire staff.

(160) Mr. Don Willems was introduced to give his overview of the Environmental Sciences Division (Exhibit 12).

Mr. Ray Hoffman, Financial Management Division, was introduced. He referred to Exhibit 4 that described the various funds received by the department. The Financial Management Division has handled all financial management operations for the department. In addition, the division maintains vital records and provides health statistics for all of Montana.

Questions followed concerning the ESRD program. Chairman Winslow said he doubted there was a 600 percent increase in patients. Dr. Drynan said there was such an increase.

Additional questions followed concerning The Certificate of Need, the licensing of towing service operators for medical training, FTE's in certain divisions of DHES, how often does the state health plan have to be revised, and the lack of funding for the air ambulance services.

The meeting was adjourned at 9:15 a.m.

  
CAL WINSLOW, Chairman

## HEALTH BY CHOICE

Exhibit 1  
1-8-85

"The health of the people of Montana has never been better...further improvements...can and will be achieved...not alone through increased health care and greater health expenditures...but through the renewed commitment on the part of the state to efforts designed to prevent disease and promote health." This quote was paraphrased from the Surgeon General's Report Healthy People to emphasize the importance of a statement that is being taken to heart across this nation. That is, a growing belief and evidence to support the idea that the spirit of health should be directed toward educating individuals to develop a better understanding of the control they can have over their own health status.

In a recent Harris Poll, 92.5% of those questioned agreed with this statement: "If we Americans lived healthier lives, ate more nutritious foods, smoked less, maintained proper weight, and exercised regularly, it would do more to improve our health than anything doctors and medicine could do for us." There is a wide discrepancy, however, between belief and behavior. You don't have to look very far to see the positive effects of good health habits as opposed to those who seem to ignore obvious risk factors. For instance, in 1984, nearly 40% of Montanans are overweight and a third are currently smoke cigarettes.

Nevertheless, it is encouraging that heightened consumer interest in health matters, coupled with conscientious health care, has already led to some notable improvements. For example, although cardiovascular disease remains the state's leading cause of death, the mortality for this disease has dropped more than 35% since 1950, and over two thirds of this decline occurred in the last decade. Further, in that decade, both men and women gained more than three years in life expectancy. These improvements have been attributed to prevention and health care, but, importantly, a reduction in risk factors: for instance, less consumption of high cholesterol foods, less cigarette smoking, more regular exercise, and greater awareness of and more aggressive treatment of hypertension.

Clearly, people have a choice. They can ignore the risk factors by perpetuating undesirable health habits. The increased risk will exact itself in a high toll in chronic disease and premature death. Or, they can make the necessary changes that will help improve their health, no matter how bad it may be, and reduce their chances. But people often need motivation, information, and education to learn how to take care of themselves. The Department of Health can take a lead role by leadership and coordination; expanding the knowledge base; and supporting state and local, governmental and private, efforts to promote health and prevent disease.

The time is right. The Department has recently taken the challenge by developing a document to designate disease prevention and health promotion as major health initiatives. "Healthy Montanans: 1990 Perspectives" represents a design for health policy to improve health status within this state. Although, the Department of Health is cast in a lead role, the responsibility is clearly placed in the hands of the individual.

The document is an indication that we consider health promotion and disease prevention as a part of our future health direction. We will use this instrument to serve as a springboard for discussion within the Department and the community at large. Many will undoubtedly become a part of state and local strategies in health, but others deemed outside the domain of health agencies and others require the attention of the business sector.

We are optimistic that the reward of this effort will be better health for Montana.

Moon 1/85

1-8-85 Bob Moon

Exhibit 2

1-8-85

**DRAFT**

For Review and  
Comment Only

# HEALTHY MONTANANS: 1990 PERSPECTIVES

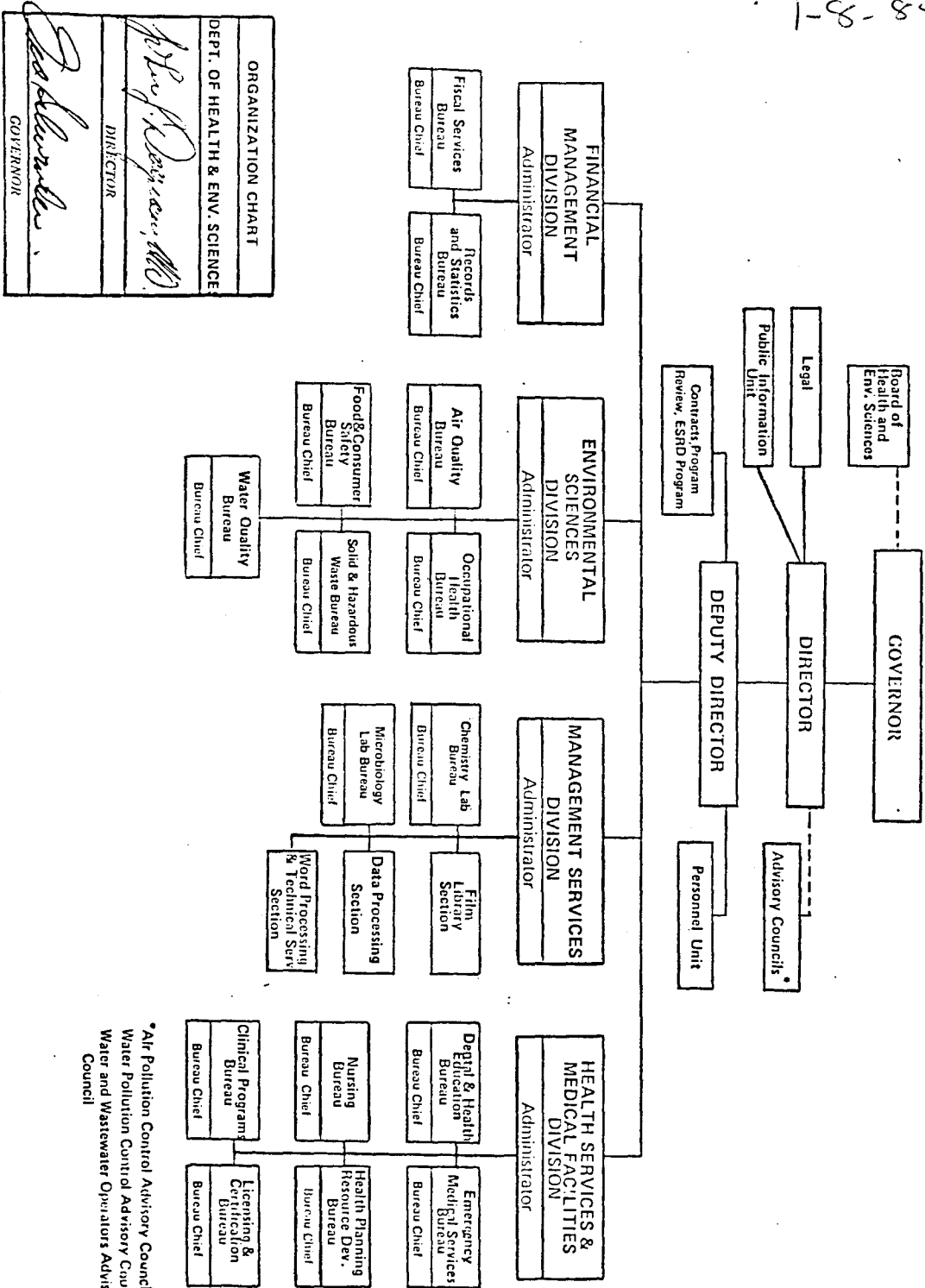
December 1984



prepared by

Montana Department of Health  
and Environmental Sciences

Exhibit 3  
1-8-85



ORGANIZATION CHART  
DEPT. OF HEALTH & ENV. SCIENCE  
*Henry P. Peterson, MD*  
 DIRECTOR  
*Robert M. ...*  
 GOVERNOR

\* Air Pollution Control Advisory Council  
 Water Pollution Control Advisory Council  
 Water and Wastewater Operators Advisory Council

JANUARY 7, 1985

Exhibit 4  
1-8-85

PROGRAM

GRANT PERIOD

LAST AWARD

SPECIAL PROVISIONS  
MATCHING REQUIREMENTS

MCH BLOCK

10/1/84 - 09/30/86

\$1,897,421

3/7 State 4/7 Fed  
Women and Children  
Only

PH BLOCK

10/1/84 - 09/30/86

\$ 632,187

Rape prevention  
\$11,970 Preventive  
Health Programs  
cannot supplant  
General Fund, cannot  
provide inpatient  
services, cannot  
exceed 10% for  
administration

FINANCIAL SERVICES DIVISION

Death Index (Contract)

\$ 2,333

Performance of  
service

National Center Health  
Statistics

7/1/84 - 6/30/85

\$ 64,182

Performance of  
Service. No  
Indirects. Mandated  
travel

Indirect Cost  
Reimbursements

7/1/84 - 6/30/85

\$ 263,695

Anticipated 17.6% of  
actual P/S 1986  
Anticipated 17.0% of  
actual P/S 1987  
Negotiated yearly

Certified Copy Fee

7/1/84 - 6/30/85

\$ 85,000

MCA 50-15-111. Fee  
of not less than \$5  
for certified copies  
or search of files.

JANUARY 7, 1985

<u>PROGRAM</u>	<u>GRANT PERIOD</u>	<u>LAST AWARD</u>	<u>SPECIAL PROVISIONS MATCHING REQUIREMENTS</u>
<u>ENVIRONMENTAL SERVICES DIVISION</u>			
R. I. T.	7/1/85 -	FY86 \$ <del>383,460</del> <sup>376,000</sup> FY87 \$ <del>440,580</del> <sup>435,000</sup>	6% of Renewal Resources Indemnity Trust Fund Interest for implementation of the Montana Hazardous Waste Act, Super Fund Act. (MCA 15-38-202(3))
Air Quality	7/1/84 - 6/30/85	\$ 550,000	State Funding equal to prior year expended
Water Pollution Control (106)	7/1/84 - 6/30/85	\$ 380,000	FY1977 State Funding \$72,000
Safe Drinking Water	7/1/84 - 6/30/85	\$ 305,000	75% Fed. 25% State
Construction Grants (205g)	7/1/84 - 6/30/85	\$ 476,640	State Funding of \$72,000 in 106
Water Quality Management (205j)	7/1/84 - 6/30/85	\$ 119,160	Work Plan
Hazardous Waste	7/1/84 - 6/30/85	\$ 252,400	75% Fed 25% State
Inventory of Hazardous Waste Dumps	7/8/84 - 6/30/85	\$ 74,896	100% Fed
State Land	7/1/84 - 6/30/85	\$ 32,000	1 FTE Air Quality
Super Fund	7/1/83 - 6/30/85	\$1,579,391	Remedial 100% Fed Design 100% Fed Construction 90% Fed 10% state. Awarded by site and must be placed on priority listing



JANUARY 7, 1985

<u>PROGRAM</u>	<u>GRANT PERIOD</u>	<u>LAST AWARD</u>	<u>SPECIAL PROVISIONS MATCHING REQUIREMENTS</u>
Junk Vehicle	7/1/84 - 6/30/85	\$1,024,070	100% ERA (MCA 75-10-532) Control, collection, recycling and disposal of Junk Vehicles, balance 7/1/84 \$1.6 million
Food/Consumer Licensing	7/1/84 - 6/30/85	\$ 204,000	100% ERA \$30 per license 85%-counties 15%-state (MCA 50-51-204)
Subdivision Lot Fees	7/1/84 - 6/30/85	\$ 225,537	(MCA 76-4-105) Up to \$48 per parcel based on complexity of subdivision. APA determines amount distributed to counties that review subdivisions
Tribal Assistance	7/1/84 - 6/30/85	\$ 35,205	100% Fed used to provide assistance to tribes in monitor Air Quality on tribal lands
Waste Water Operator	7/1/84 - 6/30/85	\$ 20,209	(MCA 37-42-304) Filing and certificate fee used to pay expenses of council and department
<u>MANAGEMENT SERVICES DIVISION</u>			
Film Library	7/1/84 - 6/30/85	\$ 15,033	Revenue for processing and maintenance of films and equipment. Dept. of Institutions, EMS Bureau Clinical Admin.
Data Processing	7/1/84 - 6/30/85	\$ 20,040	Fee revenue for internal data processing

JANUARY 7, 1985

<u>PROGRAM</u>	<u>GRANT PERIOD</u>	<u>LAST AWARD</u>	<u>SPECIAL PROVISIONS MATCHING REQUIREMENTS</u>
Water Testing Fees	7/1/84 - 6/30/85	\$ 61,530	(MCA 75-6-103(b) Fees for services rendered by labs in analyzing water and conducting inspection. Fees set by Board of Health. Published in APA
Lab Fees	7/1/84 - 6/30/85	\$ 163,294	(MCA 50-1-202(18) Imposing fees for tests performed by the lab, except water analysis. Fees established on an annual basis, should reflect the actual costs of tests or services. Handling of \$1.50 associated with Public Health Laboratory tests.
<u>HEALTH SERVICES AND MEDICAL FACILITIES DIVISION</u>			
Health Planning	7/1/84 - 6/30/85	\$ 245,242	State Funding equal to the average of the prior three years actual state expenditures not to exceed 75% Fed 25% state
EMT Certification	7/1/84 - 6/30/85	\$ 30,000	ERA associated with purchasing EMT supplies/materials
Medicare Title 18	10/1/85 - 9/30/86	\$ 339,066	100% Fed Can be used only for certification of Medicare Facilities
Medicaid Title 19	10/1/85 - 9/30/86	\$ 139,065	Differing levels of match based on second level expenditures. Example: P/S 75% 25% C/S 50% 50% NOTE: Federal government requires 1/3, 1/3, 1/3 for Licensing and Certification Program. State licensure is 100% state requirement

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<u>PROGRAM</u>	<u>GRANT PERIOD</u>	<u>LAST AWARD</u>	<u>SPECIAL PROVISIONS MATCHING REQUIREMENTS</u>
Women, Infant, Children (WIC)	10/1/84 - 9/30/85	\$5,449,515	100% Fed State admin and WIC food cost separate line items
Child Nutrition (CN)	10/1/85 - 9/30/86	\$2,312,479	100% Fed, State Admin set (96,517) reimbursed for all other expenditures at actual spent.
Rabies Vaccine	7/1/84 - 6/30/85	\$ 47,137	Revolving Fund, state purchase Rabies Vaccine and charges user actual costs
Sexually Transmitted Disease (STD)	12/1/84 - 11/30/85	\$ 71,345	State must match at 20% of P/S and travel
Community Vaccination	1/1/85 - 12/31/85	\$ 137,000	State must match at 20% of P/S and travel
Family Planning	7/1/84 - 6/30/85	\$ 807,547	100% Fed
Behavioral Risk Surveillance	9/1/84 - 8/31/85	\$ 9,000	100% Fed
Health Risk Appraisal	9/1/84 - 8/31/85	\$ 2,000	100% Fed

JANUARY 7, 1985

EXAMPLE OF INDIRECT CHARGES

Program X

Actual Expenditures

Personal Services	\$100,000
Operating	<u>50,000</u>
Total	\$150,000

Funding

General Fund	\$ 75,000	50%
Other Funds	<u>75,000</u>	50%
Total	\$150,000	

50% Personal Services	\$ 50,000
Indirect Rate	<u>.087</u>

Recovery	<u>\$ 4,350</u>
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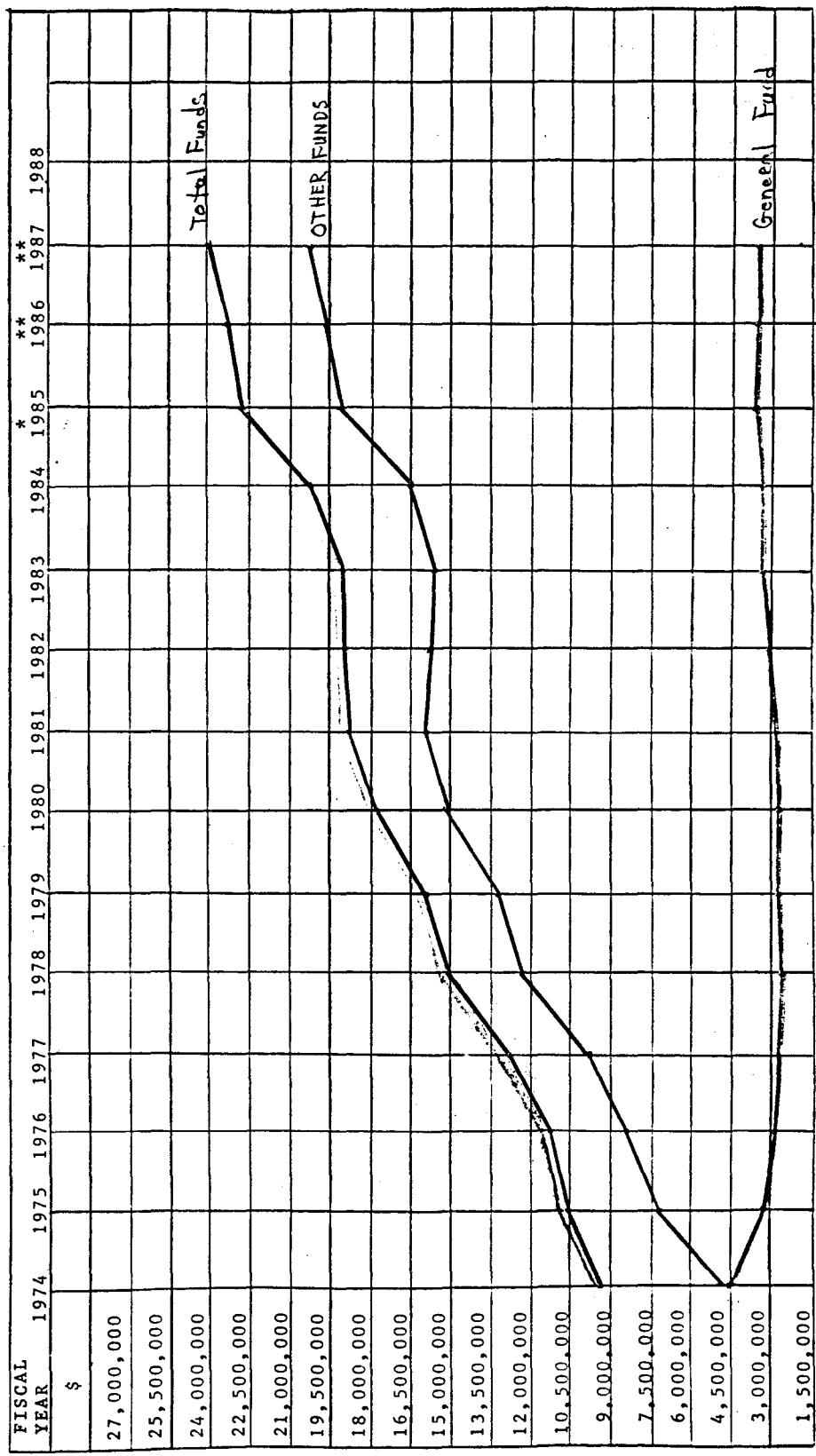
Department Usage	\$ 3,864	(88.82%)
*SWCAP	<u>486</u>	(11.18%)
	<u>\$ 4,350</u>	

\*Statewide Cost Allocation Plan (SWCAP)  
Deposited to General Fund

1-8-85  
Exhibit 5

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SERVICES  
FISCAL YEARS 1974 - 1988

TOTAL EXPENDITURES BY SOURCE OF FUNDS

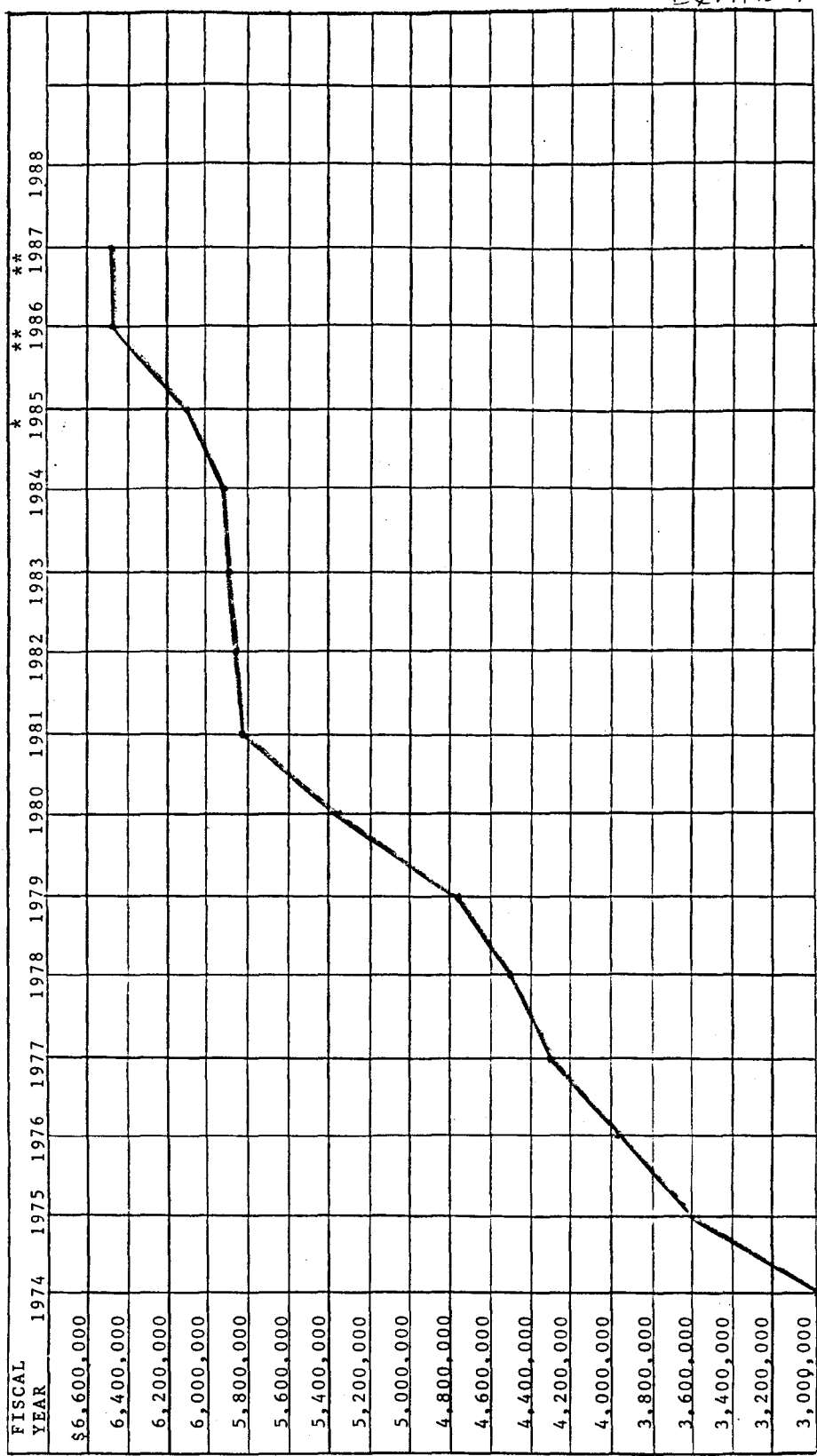


\* Appropriated FY85  
\*\* Executive Budget FY 86 & FY 87



1-8-85  
Exhibit 7

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES  
FISCAL YEARS 1974 - 1988  
SALARY COSTS



\* FY 85 Projected  
\*\* FY 86 & FY 87 Executive Budget with 4% Vacancy Savings (No pay increase)







# DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

HELENA, MONTANA 59620

Exhibit 10  
1-8-85

January 8, 1985

Chairman Winslow, Members of the Committee, for the record, I am Yvonne Sylva, Administrator of Management Services Division.

This morning I will present an overview of the current level programs in the Division.

At the conclusion of my presentation I would be happy to respond to any questions you may have.

Management Services Division provides services in support of Departmental and local health programs. There are 25.00 FTEs and services range from Word and Data Processing to microbiological and chemical analyses.

All administrative and clerical support of the Division has been consolidated and is centrally located. This includes all purchasing as well as the receiving

and handling of laboratory specimens, reporting of test results, and quarterly billings for water testing.

Centralization and consolidation of these functions has saved the Montana taxpayer many dollars and has led to more efficient and effective overall management of resources.

The Division is composed of the following programs:

Word Processing

Data Processing

Audio-visual Center

Public Health Laboratories

The Word Processing Center provides various support services to departmental staff using automated equipment. Work is received in draft form or through telephone dictation on a centralized recording machine.

The Data Processing Program coordinates the data needs of the Department and through a data advisory council serves as an advisor to the Director of the Department in the acquisition of data equipment. In addition the program develops and maintains data systems in support of Departmental programs.

The Audio-visual Center contains a collection of over 500 health related audio visual materials for use by Department personnel and local public and private health professionals.

In an average year, more than 5,000 requests for audio visual materials are received, scheduled and mailed to the local level for use in public health education programs.

Primary users of the center are maternal and child health, alcohol and drug, and emergency medical training programs.

The Laboratories of the Department are legislatively mandated and are divided into two bureaus: Chemistry and Microbiology.

The primary goal of the labs is to provide reliable, quality laboratory services in support of the investigation/surveillance of communicable /infectious diseases as well as environmental contamination and the enforcement of environmental health standards.

The Chemistry Program provides detailed chemical analyses of approximately fifty thousand samples and specimens each year. These chemical data are provided to programs of the Department and are used to assess and prevent environmental pollution, to enforce Montana Statutes and regulations and to prevent and/or treat diseases resulting from chemical exposures. Laboratory reports are routinely provided to state and federal environmental protection agencies, physicians, governmental agencies, and to private citizens. Specific examples of public health issues which required chemical analyses include contamination of public and private water supplies, EDB in cereal products and toxic metals in soils and vegetation.

The Microbiology program examines more than fifty thousand specimens each year to provide specific information for the timely diagnosis, treatment, control and prevention of infectious diseases of public health interest. Laboratory reports are provided to programs of the Department concerned with communicable/infectious disease control, physicians, hospitals, clinical laboratories, local health departments, public water supplies, and private citizens.

Some specific examples of public health issues which require microbiological analyses include sexually transmitted diseases such as gonorrhea and syphilis, foodborne and intestinal diseases, tuberculosis, rubella, and the examination of public drinking waters to ensure biological safety.

This concludes the overview of Management Services Division. If you have any questions I will be happy to respond.

Budget questions should be directed to Mr. Hoffman.

YS/kk/17-A

1-8-85  
Exhibit 11

HEALTH SERVICES AND MEDICAL FACILITIES DIVISION OF THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES PRESENTATION TO THE JOINT APPROPRIATIONS COMMITTEE ON HUMAN SERVICES BY GEORGE M. FENNER, ADMINISTRATOR, ON JANUARY 8, 1985

HEALTH SERVICES AND MEDICAL FACILITIES DIVISION EMPLOYS A TOTAL OF 74 F.T.E.'S WITH A TOTAL ANNUAL BUDGET OF 12 MILLION DOLLARS. THE RANGE AND VARIETY OF PROGRAMS ARE INDICATED BY THE BUREAU NAMES: DENTAL AND HEALTH EDUCATION, NURSING, CLINICAL PROGRAMS, EMERGENCY MEDICAL SERVICES, HEALTH PLANNING AND RESOURCE DEVELOPMENT, AND LICENSING AND CERTIFICATION.

THE ADMINISTRATOR SETS POLICIES, OBJECTIVES AND PRIORITIES FOR THE DIVISION AND HAS REVIEW AND APPROVAL RESPONSIBILITY FOR THE POLICIES, OBJECTIVES, WORK PLANS, WORK METHODS AND PRIORITIES OF THE BUREAUS. THE POSITION ASSIGNS RESPONSIBILITIES, REVIEWS PERFORMANCE, EVALUATES, TRAINS, HIRES AND HAS RESPONSIBILITY FOR DISCIPLINE FOR THE ADMINISTRATIVE SUPPORT STAFF, TWO M.D.D.'S, ONE D.D.S., AND BUREAU CHIEFS, AND REVIEW AND APPROVAL AUTHORITY FOR THESE FUNCTIONS FOR ALL DIVISION STAFF.

DENTAL AND HEALTH EDUCATION BUREAU  
GOALS AND OBJECTIVES - FY 1986-1987

1986

DENTAL HEALTH

GOAL 1: To reduce the incidence of dental caries in Montana.

OBJECTIVE 1.1: To maintain dental prevention, such as fluoride mouthrinse and screening, in 46 counties and 390 school systems which are currently participating projects.

OBJECTIVE 1.2: To expand dental prevention to include all 56 counties and 450 school systems in Montana.

HEALTH EDUCATION-RISK REDUCTION

GOAL 1: Reduce the incidence and prevalence of chronic disease by identifying lifestyle risks that contribute to early onset of disease and preventable accidents and develop programs and resources to reduce these risks.

OBJECTIVE 1.1: To develop networking with non-profit, private, and community based organizations to insure comprehensive program efforts and maximize utilization of resources.

OBJECTIVE 1.2: To support activities designed to increase awareness and enhancement of HERR issues and programs.

OBJECTIVE 1.3: To assess the prevalence of risk factors and lifestyle behaviors associated with Montana morbidity and mortality.

OBJECTIVE 1.4: To provide technical assistance, training, and consultation to local program staff and interested public in HERR.

OBJECTIVE 1.5: To evaluate HERR efforts to facilitate appropriate use of resources.

OBJECTIVE 1.6: To provide administrative support that allocates resources to local projects.

HIGH BLOOD PRESSURE

GOAL 1: To manage the planning, implementation, and evaluation of coordinated and comprehensive HBP programs in Montana.

OBJECTIVE 1.1: To increase the percentage of known hypertensives under adequate control from 41% in 1979, to 50% in 1983, to 55% in 1985, and at least 60% in 1990.

OBJECTIVE 1.2: To decrease the percentage of hypertensives not aware of their HBP from 29% in 1979, to 21% in 1983, to 16% in 1985, and 10% in 1990.

NOTE: The 1986 GOALS AND OBJECTIVES will remain similar for FY 1987.

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

NURSING BUREAU

GOALS AND OBJECTIVES - FY 86-87

1986

GOAL: TO POSITIVELY IMPACT THE HEALTH STATUS OF ALL PERSONS THROUGH THE PROVISION OF COMPREHENSIVE, STATEWIDE PREVENTION AND HEALTH PROMOTION SERVICES

OBJECTIVES

1. Prevent the occurrence/spread of communicable diseases through:
  - a. monitoring the school immunization law to ensure compliance with state law and that 95% of all children attending public and private schools and licensed day care centers are fully immunized.
  - b. assisting in maintaining adequate immunization levels by providing vaccines free of charge to all public clinic providers (currently 69).
  - c. ongoing surveillance, investigation, prevention and outbreak control of approximately 100 reportable communicable diseases, including tuberculosis and human rabies.
  - d. casefinding, treatment and prevention measures for sexually transmitted diseases (STD), particularly gonorrhea and syphilis, including inter- and intra-state coordination.
2. Promote good reproductive health and prevent unintended pregnancy through patient education and counseling; and preventive health services which include contraception and health screening services, physical examinations, and administration of rubella vaccine when indicated.
3. Promote early identification of potential health problems in children; positive parenting; and early intervention in potential abuse through comprehensive well-child services and parent education groups.
4. Promote optimum learning in students through school health services which provide at least:
  - a. identification of children with health problems which have potential for interfering with learning.
  - b. modification/alternation of the school environment to meet needs of handicapped children.
5. Promote the quality of life for older adults by facilitating the development of quality home health services.

GOAL: TO PROVIDE PROFESSIONAL CONSULTATION, TECHNICAL ASSISTANCE AND EDUCATION TO LOCALLY-EMPLOYED COMMUNITY HEALTH NURSES AND SCHOOL NURSES; TO UNITS OF LOCAL GOVERNMENT, INCLUDING SCHOOL AND PUBLIC HEALTH AGENCIES; TO PUBLIC AND PRIVATE PHYSICIANS; AND TO CITIZENS OF THE STATE TO ENSURE THAT THE ABOVE SERVICES ARE AVAILABLE STATEWIDE.

OBJECTIVES

1. Develop and ensure ongoing, viable local programs of community health and school nursing, including the professional nursing component of the MCH Block Grant to Counties, in concert with local officials.
2. Monitor quality assurance and patient care standards in local direct-service clinics, including well-child, family planning, STD, immunization, through contractual arrangements, educational programs, on-site audits and evaluation.
3. Develop and disseminate educational, technical and other materials to serve as guidelines or standards for local program or agency use.



MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

CLINICAL PROGRAMS BUREAU

GOALS AND OBJECTIVES - FY 86-87

1986

GOAL: TO CONTINUE TO IMPROVE THE HEALTH OF INFANTS AND CHILDREN; TO FOSTER OPTIMUM CHILD GROWTH AND DEVELOPMENT; AND TO REDUCE INFANT MORTALITY AND MORBIDITY.

OBJECTIVES

1. Manage the Inborn Errors of Metabolism Program which screens newborns for 6 metabolic abnormalities which may cause mental retardation.
2. Provide early detection, diagnosis, treatment and rehabilitation of children from birth to 18 years with handicapping conditions.
3. Coordinate comprehensive education, management and treatment services to pregnant mothers and their infants, particularly those identified as high-risk.
4. Coordinate nutritional services and education to identified maternal/child populations.

GOAL: TO PROVIDE TECHNICAL ASSISTANCE, PROFESSIONAL CONSULTATION, EDUCATION AND FINANCIAL ASSISTANCE TO ENSURE THE ABOVE SERVICES ARE AVAILABLE TO ALL ELIGIBLE RESIDENTS OF THE STATE.

OBJECTIVES

1. Facilitate evaluation and treatment services by qualified medical professionals/providers for children with cleft palate, cardiac or other handicapping or potentially handicapping conditions, and determine medical and financial eligibility for these services.
2. Expedite reimbursement to child care centers who provide meals meeting specific nutrition requirements.
3. Provide eligible women, infants and children who are at nutritional risk with selected supplemental foods, nutrition education and access to preventive health services.
4. Provide medical and other professional consultation to local health departments, hospitals, physicians, nurses and others regarding maternal and child health concerns, including the medical component of the MCH Block Grant Funds to Counties.
5. Initiate referrals to other agencies/health professionals as appropriate.
6. Serve as liaison with state and federal agencies concerned with maternal/child health.

GOAL: PROVIDE OR ARRANGE FOR MEDICAL, NUTRITION AND OTHER PROFESSIONAL CONSULTATION ON SPECIFIC CHRONIC CONDITIONS AND DISEASES, INCLUDING DIABETES AND PKU.

GOAL: COLLECT STATEWIDE CANCER DATA WHICH CAN BE USED FOR COMPARISON PURPOSES REGIONALLY AND NATIONALLY TO STUDY THE DIAGNOSIS, TREATMENT AND LIFETIME COURSE OF THE DISEASE, AND TO DETERMINE THE CAUSE AND PREVENTION OF CANCER.

1987 - Same as above

EMERGENCY MEDICAL SERVICES BUREAU

GOALS

- GOAL A - TO MANAGE THE MONTANA AMBULANCE LICENSING PROGRAM .
- GOAL B - TO DEVELOP AN UPDATED COMPREHENSIVE, STATEWIDE EMERGENCY MEDICAL SERVICES PLAN
- GOAL C - TO IMPROVE THE TRAINING OF EMERGENCY MEDICAL SERVICES PROVIDERS BY THE TRAINING OF APPROPRIATE INSTRUCTORS
- GOAL D - TO CONTINUE AND TO MAKE IMPROVEMENTS IN THE EMT CERTIFICATION PROGRAM ON BEHALF OF THE MONTANA BOARD OF MEDICAL EXAMINERS
- GOAL E - TO ASSURE THE AVAILABILITY OF A COMPREHENSIVE POISON CONTROL SYSTEM FOR MONTANA CITIZENS AND HEALTH CARE PROFESSIONALS
- GOAL F - TO ASSURE THAT LOCAL EMS PROVIDERS RECEIVE APPROPRIATE TECHNICAL ASSISTANCE AS REQUESTED AND NEEDED
- GOAL G - TO ASSURE TRAINING PROGRAMS ARE AVAILABLE FOR PHYSICIANS AND NURSES IN EMERGENCY MEDICAL TRAINING
- GOAL H - TO IMPROVE THE GENERAL PUBLIC'S KNOWLEDGE OF HOW TO ACCESS EMERGENCY MEDICAL SERVICES AND OF ITS AVAILABILITY IN MONTANA
- GOAL I - TO IMPROVE THE MEDICAL RESPONSE TO DISASTER SITUATIONS AT STATE AND LOCAL LEVELS

## HEALTH PLANNING AND RESOURCE DEVELOPMENT BUREAU

FY 1986 Goals and Objectives:

Goal 1: Maintain an up-to-date State Health Plan (SHP) and related special plans.

Objective 1.1: Update SHP and develop new section on long-term care.

Objective 1.2: Develop plan on health care cost containment in Montana.

Goal 2: Maintain health data system for Montana.

Objective 2.1: Conduct annual medical facilities surveys and assemble data.

Objective 2.2: Update health service and manpower data files.

Objective 2.3: Produce Health Data Book and other special reports on above data.

Goal 3: Administer the State's Certificate of Need Program for medical facilities.

Objective 3.1: Review applications according to State and Federal laws, rules, and regulations.

Objective 3.2: Take necessary actions for enforcement of CON statutes.

Objective 3.3: Revise CON procedures and implement improved review system.

FY 1987 Goals and Objectives:

The 1987 goals and objectives will be the same as 1986 with the deletion of Objective 3.3. Other revisions are not anticipated unless there are reductions in funds or staff or there are changes in the Federal health planning law.

LICENSING AND CERTIFICATION BUREAU

1986

GOAL -- Monitor the design, operation, maintenance of all health care providers covered by Montana statutes: hospitals; long-term care facilities, i.e., skilled nursing, intermediate and personal care facilities; home health agencies; medical laboratories; outpatient physical or speech therapists and facilities; renal dialysis units; ambulatory surgical centers; mental health and retardation treatment facilities; hospice; swing beds; and chemical dependency treatment facilities.

OBJECTIVES -- Issue annual license, grant Medicaid certification, recommend Medicare certification for providers meeting regulations.

GOAL -- Promulgate, revise licensing regulations for health care facilities and services.

OBJECTIVES -- To assure regulations are consonant with identified needs for services required by the public.

GOAL -- To safeguard the consumer against providers who in failing to adhere to minimum standards are jeopardizing public health and safety.

OBJECTIVES -- Investigate complaints raised against licensed health care facilities, provide consultation, revoke license or certification of any provider who fails to meet minimum standards.

1987 - Same as above

9/19/84

OVERVIEW  
ENVIRONMENTAL SCIENCES DIVISION  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Exhibit 12  
1-8-85

Section 1 of Article IX of the Montana Constitution states in part:

"The state and each person shall maintain and improve a clean and healthful environment in Montana for present and future generations."

It is our purpose to assist in carrying out this objective through the laws passed by the Montana Legislature, the regulations adopted by the Department of Health and Environmental Sciences and the Board of Health and Environmental Sciences, and through the administrative capabilities of the department. More specifically, we approach this by following these objectives:

Improve air quality and prevent its degradation.

Improve water quality and prevent its degradation.

Proper sewage disposal.

Adequate quantity and quality of drinking water.

Proper solid waste disposal.

Proper hazardous waste disposal.

Proper sanitation in swimming pools.

Eliminate unnecessary ionizing radiation exposures.

Control vector populations.

Prevent adulterated or misbranded food, drugs and cosmetics from reaching consumers.

Proper sanitary conditions in food manufacturing, processing and service establishments.

Remove and recycle junk vehicles.

Eliminate adverse health conditions in homes, businesses and industries.

Where specific regulation is provided, the above programs are carried out through permitting or licensing, plan review, compliance and ambient monitoring, and enforcement. Training and education are also important aspects of our programs. The division has five bureaus and the division administrative office to carry out our duties. You will hear more from our bureau chiefs on the programs which they manage.

It is our main objective to continue our programs at the existing level of services. The major exception to this is a need to expand our activities in the groundwater protection area. Our principle activities in this now are issuance of groundwater discharge permits, as budget allows--investigation of complaints of groundwater pollution, regulation of solid waste disposal, and regulation of the larger generators and disposers of hazardous waste. We are proposing to regulate small quantity hazardous waste generators and underground storage tanks for which federal programs are just beginning, improving our investigative capabilities of underground pollution and providing for more detailed review of proposed and existing subdivisions. Groundwater is a precious resource that needs additional protection. Once it is polluted, it is difficult to restore. It is also difficult and expensive to monitor and investigate. Montana is one of the few states to have comprehensive groundwater standards, but we need better capabilities for maintaining its quality.

Our present manpower is about the same as it was ten years ago and down about 16% from what it was five years ago. This reduction has been mainly due to a decrease of federal grants in the water pollution control area, stabilization of state and federal funding in the air quality area, loss of federal funding

in the food and consumer program and decreased submittals of subdivisions. In the last few years there has been an increase in activities in the hazardous waste and cleanup programs mainly due to federal legislation and funding for these areas.

Our activities in the water, air, hazardous waste and superfund programs are largely federally funded. Some increase in federal hazardous waste funding can probably be expected due to recent amendments to the Federal Hazardous Waste Act which added small quantity hazardous waste generators and underground storage tanks to regulation. No increase and possibly a decrease in grants to states from the 1985 level will probably occur in other areas.

VISITORS' REGISTER

Human Services Subcommittee

BILL NO. \_\_\_\_\_

DATE 1/8/85

SPONSOR \_\_\_\_\_

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.