

MINUTES OF THE MEETING
HUMAN SERVICES SUBCOMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 11, 1985

The meeting of the Human Services Subcommittee was called to order by Chairman Cal Winslow on February 11, 1985 at 8:10 a.m. in the Old Supreme Court Chambers.

ROLL CALL: All members were present, with the exception of Representative Bradley and Senator Christiaens, who were excused.

Mike Muszkiewicz (40:A:020), Administrator of the Developmental Disabilities Division of SRS, gave to everyone a handout listing the costs involved in the DD programs, the kinds of services, and how many clients are served (EXHIBIT 1). They now serve approximately 2,000 people in one or more services across the state. He listed all the services they now offer and quoted the numbers of people on the current waiting list for services. His proposal to the committee is to serve approximately 285 people that are currently on the waiting list over the next biennium. This is a modified level request, but also an expansion request for these people. This will cost \$2.8 million, of which \$240,000 would be general fund.

Testimony was heard from the following people:

Lorrie Hefenieder, representing the Developmentally Disabled Legislative Action Committee, and the director for Residential Support Services in Billings, said she will be assisting in the coordination of speakers.

Peyton Terry, a concerned parent and unpaid volunteer, spoke from his prepared testimony (EXHIBIT 2).

Gary Pagnotta, a service provider from Bozeman, spoke about the large number of people on the waiting list for services. He also spoke on the problems this waiting list creates.

Laura Cork, director of Big Bear Resources in Missoula, introduced four clients who are with that program in Missoula.

Linda Cobban from Missoula, a client who works at Big Bear Resources, said she and her husband lived at Boulder for 10 years and did not like it there because there was not any freedom. She and her husband were married five years ago. They can go into the community more now due to specialized family care assistance.

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Tammie Thompson has worked at Big Bear Resources for almost two years. She is currently living at Vista Group Home which gives her more freedom.

Josie Johnson, who works at Big Bear Resources, spoke in support of the group homes.

Pattie Wagen, who works at Big Bear Resources and lives at the Highwood group home, spoke about her responsibilities and daily activities.

George Weber, the director of the Special Citizens Center in St. Ignatius, spoke on the funding for community based services with the 4 percent annual inflation rate for service providers. He also spoke on the tight budgets that providers work with. He urged the committee to support the governor's recommendation for the 4 percent inflationary increase.

Representative Bob Marks (40:A:398) spoke on SJR 9. He said the money spent for the developmentally disabled should be spent in a prioritized way. He said the top priority should be to those people who are receiving no services now.

Terri Hagar, with her husband Vic, are parents of a severely mentally-handicapped five year-old son. They are on the program Specialized Family Care which has provided them with a trainer, wheelchair ramp, and other needs. She supported the services that are provided to her family.

Vic Hagar spoke on their son's progress and having more services provided to them in Belgrade than in Sidney, where they used to live.

Wallace Melcher spoke from his prepared testimony (EXHIBIT 3).

David Fleming spoke on support of the salary increase for the local workers. He works at Special Citizens Center and Activities Center for Developmentally Disabled Persons in Ronan. He said his take-home salary is \$816 per month for his family of three children. He said he enjoys working with his clients and takes pride in their accomplishments.

Donna Frank, who had employed a developmentally disabled person, Tina Bissett, spoke on the great positive influence she has been. She said she is very impressed with her trainers and the job they have done and follow up Tina's training. She said the money spent on these programs makes a big difference.

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Tina Bissett, who lives at the YWCA and works in Billings, expressed her thanks to the Legislature for past funding.

Jean McCarthy, representing The Association for Retarded Citizens, spoke on the benefits of group homes as opposed to an institution. She supported increasing of staff and the salary increases for the present staff.

Bob Zielinske, with his wife, Beverly, and son Jack, supported specialized services. Their son Jack has Myatonic Dystrophy; he spoke about the various troubles they have had to go through with their son's medical problems. He discussed the stress on their marriage, the hardship on their other daughter, and the financial burdens. He said when Jack was accepted into specialized services, they received various kinds of help. He said the difference from what they had before is the frustration is all gone; the program is what makes Jack grow.

Sylvia Danforth (40:B:219) spoke from her prepared testimony (EXHIBIT 4).

Jeri Day spoke from her prepared testimony (EXHIBIT 5).

Mary House spoke from her prepared testimony (EXHIBIT 6).

Debby Blankenship spoke from her prepared testimony (EXHIBIT 7).

Susan Duffy, from Missoula, has a daughter that has many birth defects, along with Down's Syndrome. She said that her medical bills have amounted to approximately \$350,000. Her daughter knows 350 words of sign language; even though she was originally diagnosed as severely retarded, and now recently diagnosed as border-line retarded. She expects her to hold down a job when she gets older. She supported the early intervention with the specialized services; it saves money in the long run. She spoke about the waiting list that can sometimes be six years.

Virginia DeLand, a board member for Big Bear Resources and the mother of a 16-year old developmentally disabled daughter, said she will always be dependent on community services. Her daughter is very successful in 4-H and has received numerous ribbons and awards.

Jim Hepburn spoke from his prepared testimony (EXHIBIT 8).

David Hoff, who has a handicapped child, spoke about the help his daughter receives, and is therefore, growing and developing to a more normal situation. He said they are receiving respite care and he hopes she will become a respective citizen.

Linda Zermeno, a board member for Montana Society for Autistic Children & Adults from Billings, has a son that is autistic. She receives respite and family training; she urged the committee to support current levels of spending, and to endorse the increased budget proposals of PFP. She strongly advocates the need for specialized group homes for all groups.

Dr. Richard Swenson, vice chairman of the HB 909 committee that studies the DD system which partly showed the waiting list problem of the underserved and unserved people in Montana, said the waiting list is not bad, but the duration of it is. He said the average duration on the waiting list is 2.5 years; which causes lost skills and system problems.

Eunice Ash, a foster parent and part-time caretaker of autistic children, spoke on the need for an autistic group home.

Paul Odegaard, parent of a severely handicapped daughter and a member of Montana Society for Autistic Children and Adults, spoke how autistic children are a handful. He said the specialized services enable their family to function as a family once again. He said he was concerned about the monetary crunch that is being heard all over the state. He spoke on the importance of vocational training.

Mike Morris, director of the Western Montana Comprehensive Developmental Center, spoke on the closing of Boulder and moving the residents into the community.

Marilen Trotter spoke from her prepared testimony (EXHIBIT 9).

Sandra Harris, the mother of a developmentally disabled child, spoke on the community waiting list. She said it was a good feeling to have someone helping her daughter with the specialized services. She spoke about the stress and frustrations that she has felt from being on the waiting list.

Gordon Vandiviere, parent of an autistic son, spoke on the support of an autistic group home. Without a group home, the other alternative is an institution. He said he has been served by specialized family care, which has been a great help.

Jay Prichard, parent of an autistic son, spoke about the jealousy of their son over their new baby. He also spoke about the need for an autistic group home, they need long-range help.

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Mary McWhorter, with her husband, Hugh, are parents of a Down's Syndrome daughter. She spoke about the counseling they received from their doctors after their daughter's birth. They were told of Family Outreach, and she spoke about the early intervention and how important it is. She also discussed the Down's Syndrome support group and how valuable it is, and the respite care.

Libby Houghton, representing the YWCA Independent Living program in Billings, spoke about the number of people that they serve. She said they have a critical need to expand their services. She also presented a letter from a landlord that rents to their clients (EXHIBIT 10).

Chuck Super, director of Regional Services for the Disabled in Billings, discussed three important points that he feels are crucial: Looking at the information on HB 909, consider the PFP process, and the low pay for direct care staff. He also said the number of people on the waiting list is not 800; it is close to 1,000.

Michael Klinkhammer (41:A:612) spoke from his prepared testimony (EXHIBIT 11).

Betty Streeter spoke from her prepared testimony (EXHIBIT 12).

Judy Carlson spoke from her prepared testimony (EXHIBIT 13). She said she appreciated the action taken by the committee on approving more social workers.

Debbie Thelen spoke from her prepared testimony (EXHIBIT 14).

Beverly Owens, a parent of a developmentally disabled son, whose name is on a waiting list for a group home. She said she supports community based services. She said those people on the waiting lists have to be served.

Katharin Kelker spoke from her prepared testimony (EXHIBIT 15).

Rena Wheeler, director for Special Training for Exceptional People in Billings, spoke on the quality and quantity of services provided, the long waiting list, and the need for adequate funding.

Vonnie Koenig (41:B:166), parent of a developmentally disabled son, has actively advocated and testified for the developmentally disabled in Montana. She spoke in support of community based needs, early intervention for those children in need of them, and the excellent cooperation with everyone involved.

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Chairman Winslow commented that even though the committee recognizes all the needs presented them, there are limited funds. He also urged everyone to present these wishes to the taxpayers; taxpayers are the ones that elect the committee. He said that to make matters worse, additional needs are coming in, they start to drain the money proposed in the executive request, and they have generally directed the Legislators to not increase taxes.

The meeting was adjourned at 10:40 a.m.



CAL WINSLOW, Chairman

DAILY ROLL CALL

Human Services Subcommittee

49th LEGISLATIVE SESSION -- 1985

Date 2-11-85

[illegible]

DEVELOPMENTAL DISABILITIES DIVISION --- PROGRAM OVERVIEW AND SUMMARY

INTRODUCTION

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

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

DEVELOPMENTAL DISABILITIES DIVISION

PROVIDERS OF SERVICE

DD PLANNING AND ADVISORY COUNCIL and REGIONAL COUNCILS

HISTORICAL BACKGROUND

- 1975--1977**
 - \$5.2 million appropriated
 - development of day training programs and group homes
 - 280 placed from institutions to community-based programs
 - development of services to children and families
 - 1,289 individuals served by end of biennium.
- 1977--1979**
 - no appropriation for expansion of services
 - development of waiting lists for services, particularly special education graduates
 - 38 placed from institutions
 - 1,550 individuals served by end of biennium, the increase mostly in child and family services.
- 1979--1981**
 - \$815,000 appropriated for deinstitutionalizing 60 from institutions, 62 were placed
 - continued growth of waiting lists due to lack of expansion funds for persons in the community
 - 1,630 individuals served by end of biennium
- 1981--1983**
 - \$1.8 million appropriated for expansion for services to address waiting lists
 - 346 persons served from the waiting lists (half were previously receiving no D.D. services)
 - development of new services: transitional living training, intensive training homes, and vocational job placement
 - 13 individuals placed from institutions
 - 1,808 individuals served by end of biennium.
- 1983--1985**
 - \$968,712 appropriated to place 16 persons from BRSH and Eastmont, 22 individuals placed as of December 1984
 - development of new service, specialized family care, for 30 children and their families
 - 1,946 individuals receiving services as of December 1984.

DD COMMUNITY-BASED SERVICES

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

CURRENT ISSUES

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

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

ATTACHED TABLES AND GRAPHS:

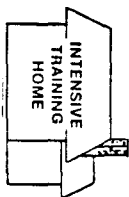
- Appendix A - Today's Service System
- Appendix B -- Community Waiting List for DD Services (historic line graph)
- Appendix C -- Community Waiting List for DD Services (map of Montana)

Developmental Disabilities Division

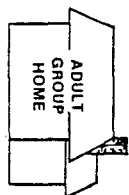
CLIENTS SERVED AND COST PER YEAR PER CLIENT

(Today's Service System)

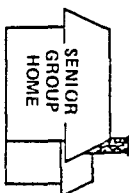
ADULT RESIDENTIAL SERVICES



70 Adults
\$18,217



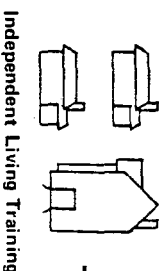
376 Adults
\$6,317



32 Adults
\$7,143



55 Adults
\$4,492



177 Adults
\$2,969

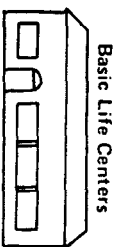
INDEPENDENT LIVING

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

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

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

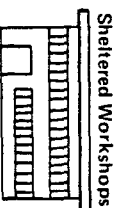
ADULT DAY SERVICES



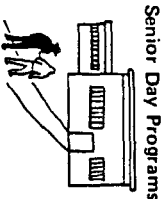
112 Adults
\$6,684



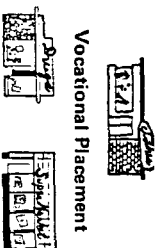
480 Adults
\$5,371



470 Adults
\$4,662



60 Adults
\$3,710



26 Adults
\$3,111

COMPETITIVE EMPLOYMENT

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

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

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

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

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

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

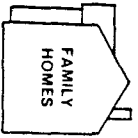

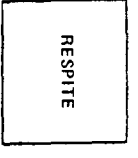
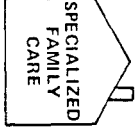
SENIOR DAY PROGRAMS – These programs are not vocationally oriented, but rather provide training and activities more specific to the needs of the elderly, such as socialization and leisure skills, community activities and maintenance of self-help skills. There are 3 senior day programs, located in Helena,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

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Developmental Disabilities Division

CLIENTS SERVED AND COST PER YEAR PER CLIENT

CHILD & FAMILY SERVICES

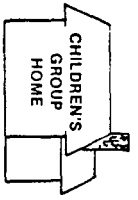
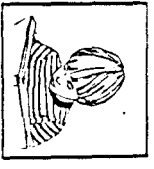
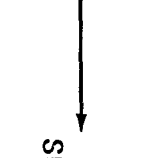
	FAMILY HOMES	707 Families	\$1,897
	FAMILY TRAINING	408 Families	\$2,710
	RESPIRE	467 Families	\$504
	SPECIALIZED FAMILY CARE	30 Families	\$13,333

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

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

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



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

	CHILDREN'S GROUP HOME	57 Children	\$17,903
	Summer Day Programs	61 Children	\$646
	ADULT SERVICES		

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


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

SUPPORT SERVICES

	TRANSPORTATION	1,073 Clients	\$721
	EVALUATION & DIAGNOSIS	286 Clients	\$1,189

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

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

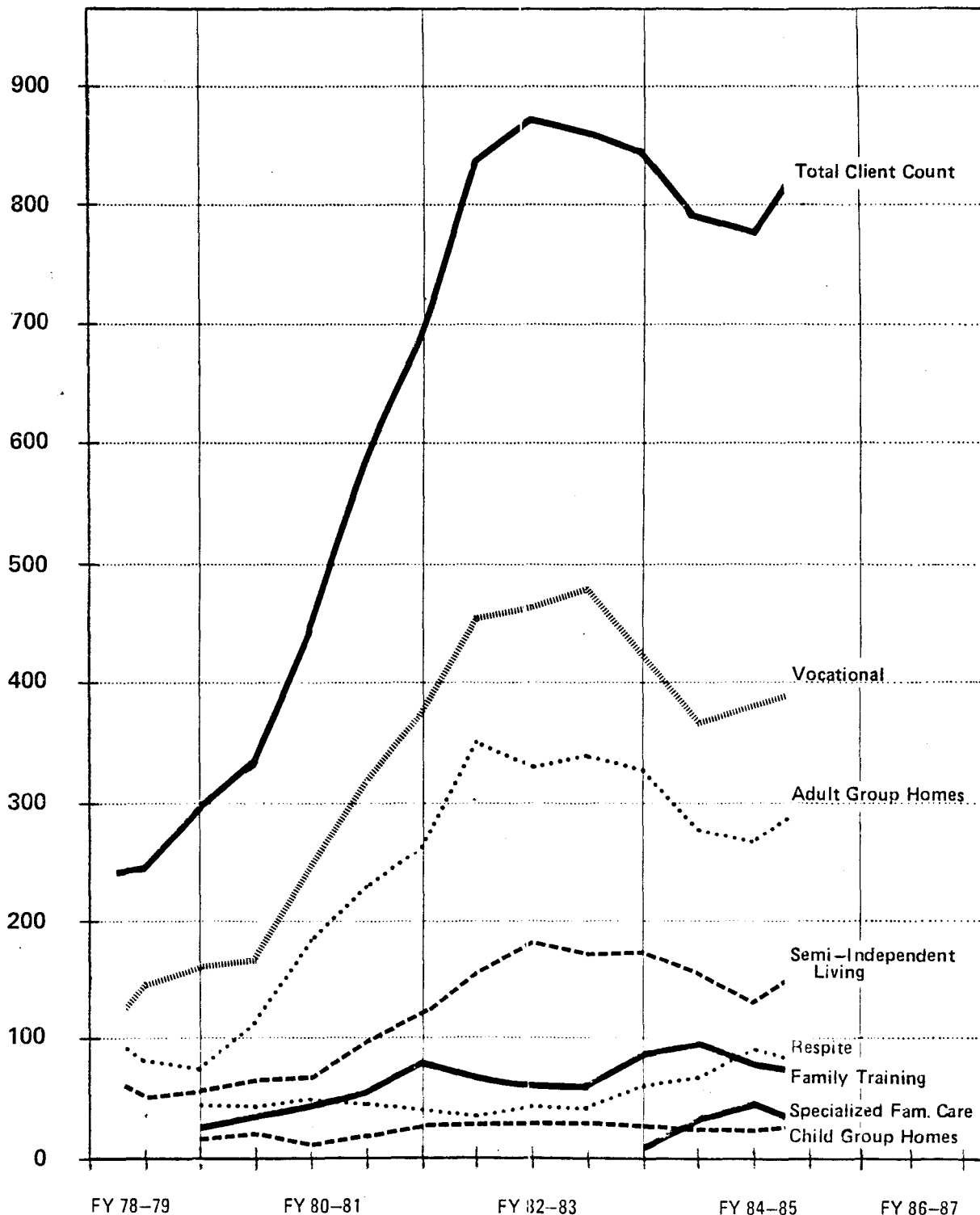
	ADAPTIVE EQUIPMENT	250 Clients	\$270
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ADAPTIVE EQUIPMENT — The Division contracts for statewide adaptive equipment and consultation services for physically handicapped, developmentally disabled persons. The program staff design and provide specialized equipment, such as wheelchairs. The main office is in Helena with satellite offices in Kalispell and Billings.



DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY WAITING LIST FOR DD SERVICES

Statewide Count

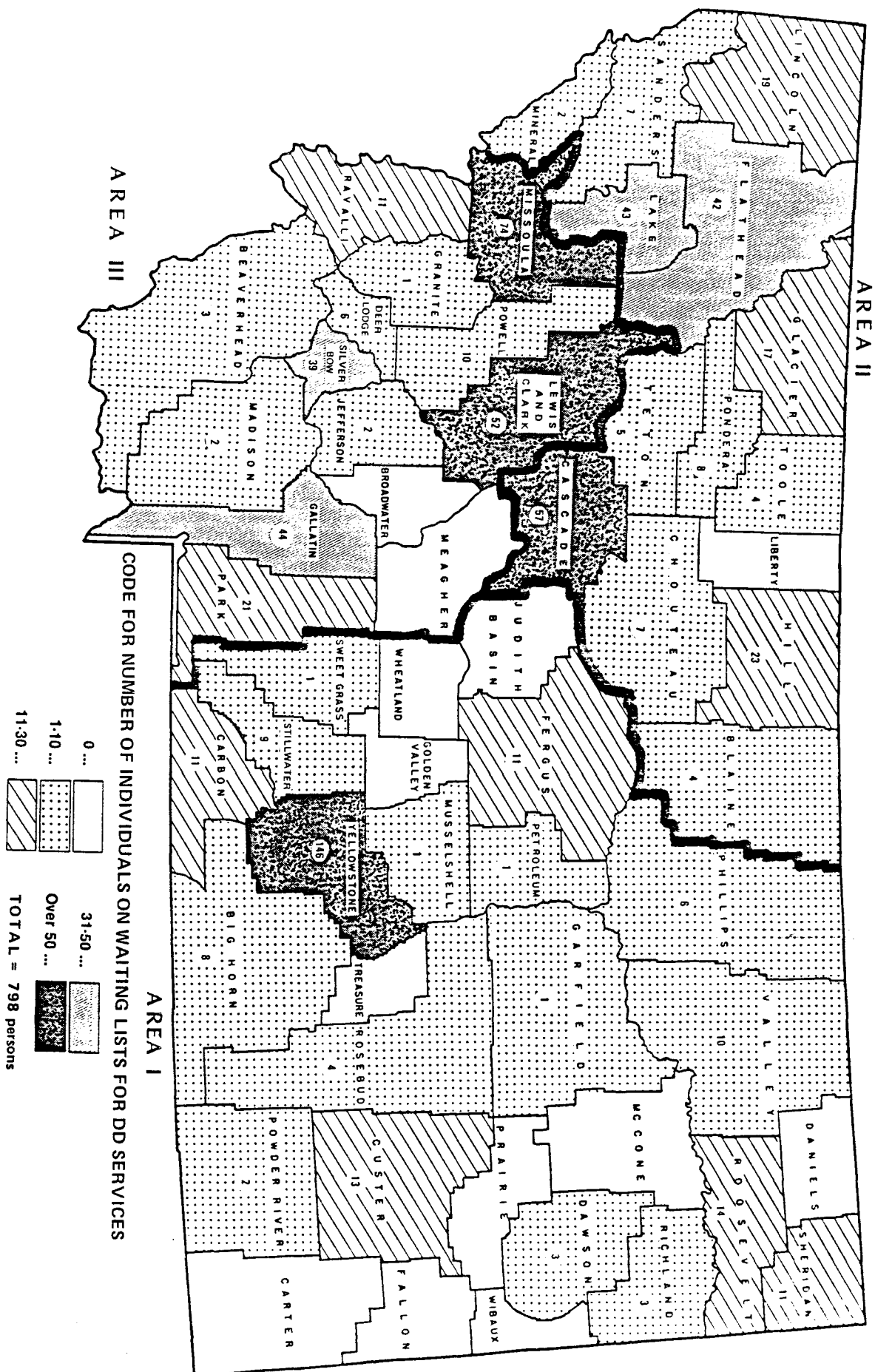


LEGISLATIVE ACTIONS FOR SERVICE EXPANSION

- FY 76-77 \$5.2 million appropriated, new services developed.
- FY 78-79 No expansion authorized.
- FY 80-81 Expansion for 60 people from institutions only.
- FY 82-83 \$1.5 million expansion for community people. New services developed.
- FY 84-85 16 people from institutions. New Specialized Family Care Service.

COMMUNITY WAITING LIST FOR DD SERVICES

September 1984



I

Mr. Chairman, & distinguished members of the committee. I am Peyton Terry from Glasgow. I am a concerned parent, an unpaid volunteer, ^{Region 1 Councilman} and a main street businessman. It has been my privilege to serve voluntarily in various capacities on behalf of the developmentally disabled since the implementing of the system in 1975.

I am here to testify in favor the ~~Community based D.D. program~~ ~~Priorities for People program~~. My remarks will be limited to only a small portion of the proposal. However, it is one which I consider vitally essential to the success of the entire program. I will ^{cover} the more specific technical aspects, ~~and~~ mechanics of the program, the statistics etc. to the people who possess a professional expertise in those areas. At this time, I would like to share with ^{you} my views on the subject from the more practical layman's perspective of the problem. There seems to be an almost universal agreement that the #1 Top Priority should be the reduction of the number of clients presently on the current waiting lists.

II

Even Representative Bob Marler has publicly & officially testified to this effect. I would add, this is truly commendable of Mr. Marler and we praise him for it! However, there is one very important fact that most all of us have overlooked. ~~I~~ I am referring to the large number of clients presently maintained at Boulder. These are the clients who could be much better served in the less restrictive & more normal environment of community based ~~services~~ ^{programs}. In the essence of fairness, is it not reasonable to assume, that those clients who have been ^{on} the waiting list the longest period of time should be at the top of the waiting list and these clients should be entitled to be served first? Great numbers of these clients have been ~~institutionalized~~ ^{institutionalized} at Boulder for many, many years and some have been more or less hostages of the system all of their lives. If this problem is not addressed immediately, --- these poor ~~unfortunate~~ ^{unfortunate} souls will expire and be maintained

+++ putting forward!!

III

I would add that everyone of these individuals ^{has} the right under mandate of the law to be served in the least restrictive environment. And, more importantly, from the humane viewpoint of a person's individual rights of these clients, they should be served in the community instead of merely existing and being maintained in a institution.

In conclusion, I would leave you with these thoughts, which, hopefully will assist you in arriving at the best possible solution. To copy a favorite phrase from a former famous New York Governor & presidential ~~candidate~~ - - the late G. L. Smith - - "Let's look at the record."

The DD community based ~~detention~~ service systems have been in place only ten years and have a most enviable record of success. The system has been, from the fiscal standpoint, extremely ^{more} cost effective compared the much more costly institutional maintenance type of care. And more importantly from the humane standpoint the patients & the taxpayers have

XV

~~we~~ witnessed the miraculous
program of hundreds of individual
clients who have been and are presently
being served. In a few ^{rare} instances, some
have progressed completely thru the system
from Warm Springs thru Boulder and
thru the DD service system into the
mainstream of our society. Compare
their record with the long term
record of the Boulder River Home & Hosp.
From where I sit the biggest decision
facing this committee & the members
of their legislature is this: There is
of necessity, a considerable ~~number~~ ^{amount}
of dollars which must be spent this
session on developmental disabilities.
It is your decision as to where
these dollars will be ~~set~~ spent. Will
they be spent to serve the 200 plus
clients in Boulder or the proposed 60
bed facility at the same location or will
most of the funds be spent, in what I feel
is a more humane and reasonable
fashion in community based service.
From a personal viewpoint and as
a parent I say God Bless the work ^{the work} and

Thank you
for your
contribution

~~Mister~~
~~Mrs.~~ Chairman and members of the Committee,

My name is Wallace Melcher and I'm the Executive Director of Region II Child and Family Services in Great Falls, Montana. Child and Family Services is a non-profit agency that serves Developmentally Disabled children and adults. We provide residential services for both children and adults, in-home parent training services for families with infants or young children, and day program services for developmentally disabled Senior Citizens. In total we serve just over 200 clients and employ just over 100 people.

My purpose in talking with the committee today is to bring to your attention a difficult challenge that faces most providers of community-based services in Montana. As is the case in all human services, the most critical service level in the field of developmental disabilities is that group of individuals that delivers services directly to our developmentally disabled clients. In the State of Montana we refer to these people as Direct Care Staff. These direct care staff people working in group homes and day programs perform a variety of technical duties. These duties include developing and implementing individualized training plans for each client, introducing clients to community life so that they can take full advantage of the opportunities community living has to offer, and teaching clients to do productive and meaningful work so that they can enjoy the personal dignities of being as self-sufficient as is possible. In addition to these habilitation responsibilities, direct care staff people are responsible for the client's health and medical needs, personal safety and general welfare.

The difficult challenge I alluded to a minute ago concerns the recruitment and retention of these direct care staff people. In my general description of a direct care staff person's job duties you can see that it is necessary that these people be highly motivated, well trained and dedicated professionals. Unfortunately, in a recent survey that was made of a sample of service providing corporations in the State it was discovered that the average entry level salary for direct care staff people was \$4.49 per hour. It was also noted in this survey that it wasn't uncommon for some direct care staff positions to turn over 100% in a year's time. Obviously, it is difficult to recruit and retain well qualified direct care professionals when compensation levels are so low. Incidentally, for the committee's information, the entry level wage for comparable positions at BRSH is \$5.85 per hour.

During the Priorities for People budget building process an initiative was introduced, by the disabilities budget team, that would have increased the salary of 500 direct care staff people an estimated .24¢ per hour across both years of the biennium. This would raise the average entry level salary to \$4.⁷³~~97~~ per hour by the end of the two year period. Obviously, this isn't a huge jump in compensation, but at least it would constitute a good faith effort to address this important problem.

Unfortunately, this initiative did not receive full support from the other budget teams in the PFP process and it ended up in the third tier of budget priorities. The PFP disabilities team attempted to "trade off" some of the service expansion that was placed in the first priority tier, in favor of at least a part of the salary increase initiative, but the other PFP teams would not support this. Because the Governor just included the first two priority tiers in his budget, the salary enhancement I just mentioned isn't even before you for your consideration.

I want you to know, ^{Mister}~~Mrs.~~ Chairman and members of the Committee, that in spite of the high turnover in direct care positions across the State, the majority of service providing corporations are meeting or exceeding their outcome related goals contracted for with the Department of Social and Rehabilitative Services. This phenomena is due to a group of highly skilled and totally dedicated professionals across the State that work diligently despite the low salaries. To these people I think we all owe, at the very least, a debt of gratitude. However, I also think we owe these people our efforts to compensate them appropriately for the wonderful job they are doing.

As administrators, we are constantly struggling with escalating costs of operation, for example on January 1st our agency sustained a 30% annual cost increase in workers' compensation insurance. In October of last year our employees were presented with a 146% increase in out-of-pocket cost for health insurance and a concomitant decrease in those same benefits. Circumstances such as these make it difficult for us to do a great deal about direct care compensation levels.

In conclusion, I want you to know that I am aware of and empathize with the problems that you face in this legislature. A potential 50 to 60 million dollar shortfall in revenues is enough to give anybody a bad attitude. All I ask is that you give this important issue I have just described as much consideration and support as is possible. I would like to thank this legislature and previous ones for the good system of services we have for developmentally disabled citizens in Montana.

FEBRUARY 11, 1985

APPROPRIATIONS SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and members of the committee:

My name is Sylvia Danforth and I'm Director of the Developmental Educational Assistance Program which is a Family Training Service serving 10 Southeastern Montana Counties with our office in Miles City.

Three years ago the waiting list numbers in Rosebud County indicated the need for Expansion of Services which were impossible to meet given the physical and fiscal limitations of our area and budget.

We were encouraged by the State Developmental Disabilities Division to pursue funding through a Coalboard funded Project grant since the area was impacted by the coal development.

D.E.A.P. was successful in receiving a Human Services grant which has allowed us to provide family training services to 20 - 25 families in Rosebud County in the last 2 years. However, this grant will end in June '85 and continued funding is not possible.

The 12 - 15 families currently receiving services and additional families on the waiting list will no longer receive services imperative to the family and their handicapped children unless reduction in waiting lists through expansion services recommended via the Priorities For People process is allowed.

These families with young, handicapped children will receive no services within their home communities if additional funding is not allowed.

Please provide for continued services through recommending the reduction of community waiting lists of those developmentally disabled needing services.

Thank you

Sylvia Danforth

Mr. Chairman & Members
of the Committee

Southeastern Montana

Exhibit 5
2-11-85

My name is Jeri Day and I live in ~~Brooks~~. I am here on behalf of the Developmental

Educational Assistance Program - DEAP.

I have a daughter, Rani, who is eleven and is mentally retarded. She has a genetic brain deformity called megaloccephaly which has caused general delayed development. At present her mental development is at about a three to four year old level. It is very likely that she will not progress much beyond this level when she's an adult. I cannot convey to you in words how difficult it is to raise a developmentally disabled child. She is a burden, a full-time, 24 hour a day responsibility which requires very large amounts of patience, a good sense of humor and a great deal of loving attention. As Rani's mother I have often felt totally incapable of dealing with her. I am not trained in this field. I have felt so isolated, that nobody understands what I'm going through or how hard this is to do! My frustration at feeling so inept has been, at times, almost overwhelming.

I've learned over the years that the key to Rani's sense of security, her well-being, is consistency. Keeping a regular routine on a daily basis keeps her on an even keel and she's much easier to live with. Consistency has not been the norm in our household for the past several years.

For some reason, God saw fit to give me two special children. My son Kenny was born in 1979 with multiple congenital defects in his heart. Kenny was, aside from his illness, a very normal little boy. He and Rani were developmentally at about the same level for a long time and they were inseparable. We lost Kenny eighteen months ago after open heart surgery.

For over a year after Kenny's death Rani appeared to ~~accept~~ simply accept. But she didn't talk about him. Then last summer she began to react. There were many other significant changes going on in her life during this period. We moved to a new environment, new school, new people and she entered adolescence. Gradually her behavior worsened until we had a very angry, abusive, non-compliant and nasty little tyrant on our hands. Her routine at school became one screaming temper tantrum after another and now one could handle her.

At this point I felt our only option was to put Rani in an institution, a full-time school for the mentally retarded where they could deal with her problems. I certainly didn't know what to do! Yet the thought of sending her away, even just during the week, made me feel that I was about to lose a second child in one year.

As I began the process of finding a good school for Rani it was suggested to me that I contact X DEAP in Miles City. Maybe they could help. They did!

Sylvia Danforth, the director of DEAP, has managed, since October, to find time in her very busy schedule to meet with Rani, her teacher, her counselor and myself regularly and has been a God send. She has coordinated our efforts in Rani's behalf, setting up programs for us in behavior modification, giving us much needed and expert advice, and, most important, has given us the support we've needed to follow through with Rani in a most difficult situation. Thanks to DEAP we've been able to keep Rani at home and in her special class in public school.

For eleven years now I've been asking, "Where's the special education we parents need?" The programs Rani's been in in school have been excellent for her but what about me? Am I to expect that as her mother I should instinctively know how to handle Rani? To instinctively know what's best for her? No one has ever had an answer for me until now. Finally, books and materials as well as guidance and support are available to me through DEAP. For the first time in Rani's life I'm feeling comfortable about the special tasks involved in being her mother.

Rani is now her delightful self again. She's full of smiles and big hugs and kind words for everyone. But especially she's full of "I Love You's" again which is why I feel so privileged to have a special child. The Developmental Educational Assistance Program has my eternal gratitude.

Thank You,

Mrs. Jami Day

Exhibit 6
2-11-85

SERVICES:

- Family Training
- Respite
- Screening
- Resource Coordination

Developmental Educational Assistance Program

In-Home Child Development Services

OFFICE:
P.O. Box 750
Colstrip, Montana
59323

Phone 748-4334

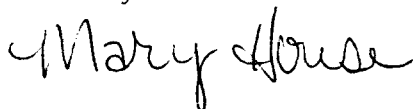
Members of the Committee:

My name is Mary House - I am the Home Trainer with DEAP out of Colstrip. Colstrip is a high-stress community. Most of my families are engaged in shift work which limits and restricts them regarding social activities as well as the time they might get to spend together as a family. Along with this is the fact that Colstrip is an isolated area; that in itself causes a great deal of frustration, anxiety - again, more stress. The last thing in the world that the families I work with need is more stress -- and that is what I believe would happen if my services should be allowed to be terminated. Having a handicapped child is not an easy thing to cope with; I feel that through my weekly visits to my families homes, I have helped to relieve a lot of tension and have given encouragement regarding the work they are doing with their kids and that they are doing OK as parents. Colstrip does not have any 'parent support' groups - I am my parent's support. I am my family's advocate - to therapists, doctors, specialists, other agencies. I teach the parent to appropriately teach and work with their child as well as to understand, cope and deal with the child's 'special' problems.

You may be thinking - this girl is worried about keeping her job! No, I'm not. Whether or not I'm there, those families will be, and it makes my heart ache to think that if services are terminated, my families will have NOTHING. Oh sure, they will be put on a waiting list, but the Good Lord only knows how long it might be for an opening for one of my families; that says nothing for the rest of them. Those families - those kids will be the ones who will suffer.

I have seen a great deal of progress in the past 7 months concerning my kids, please don't allow for that progress to stop. Please, please grant that services may continue for the families currently receiving them as well as for other families in my area ready and waiting to be served.

Thank you.



Mary House
Home Trainer

PFP expansion waiting list

Exhibit 7
2-11-85

Members of the Committee:

I am Debby Blankenship. I live on a ranch near Otter Montana. My son Jason is 9 years old and has a learning disability which we noticed about the time he was 3 years old. We've been receiving home training services for about one year now; Mary House is our Home Trainer. The benefit from these services has not only helped Jason but also his father and I. Through Mary, we have learned how to better understand and work with Jason regarding his disabilities that we ever have through any other private or professional agency. What I mean by this is that Mary sees Jason in his natural environment. It is so much better than a clinical atmosphere because a child is more himself at home than in a more stressful situation. If I would have been provided home training services when Jason was a toddler, I believe his problems would not be as severe today. For the first time I have been taught how to deal with my frustrations and Jason's frustrations and the stress that goes along with having a child with a learning disability. I cannot express enough the importance of being able to sit around the kitchen table and learn how I can teach my child. The satisfaction of properly being able to help my little boy tell time, read, etc. and doing all these things myself is beyond words. Teaching a learning disabled child takes special training. This is why Mary is so important. In teaching me at my home, she knows what kind of family we are. Every family is different and therefore, certain things have to be approached differently. A professional in a clinic cannot possibly see all the sides of a child that a Home Trainer can. If these services are terminated, it would be a major step backward for us. I don't think Jason would progress as well or as quickly without the guidance of Mary.

Please don't allow for this program to be terminated. It would break my heart to think that any other mother would have to face sleepless nights like I did worrying where to get help for her child.

Thank you.

Debby Blankenship

Good morning. I am Jim Hepburn. I work with Child and Family Services in Great Falls as a residential coordinator. I have been involved in direct care of the developmentally disabled for over five years in various programs around the state. I want to share with you this morning what I see on a day to day basis working with the developmentally disabled and group home staff.

First of all I see a service delivery system that is one of the most progressive and efficient in the United States. It is a system which has developed through the sacrifice of individuals who have committed themselves to serve the developmentally disabled, and through a supportive Montana community. Yet I am concerned.

I am concerned when I see some of my co-workers standing in line for food stamps and welfare checks because they cannot support their families at a pay scale of a dollar above minimum wage. Others work at other jobs to help make ends meet.

I am concerned when one group home has 100% staff turnover in less than a year due to long or unusual work hours and emotional stress of dealing with behavior problems.

I am concerned when clients personal funds are so low that they cannot afford clothing ~~and~~ personal care items and even medical services with the \$40^{per month} allocated to them for personal spending.

I am concerned when I see clients transported in vans with heaters that don't work, doors that must be tied closed, steering that is dangerous, and yet these vans must

I am concerned when I hear the names of individuals waiting for services repeated month after month and year after year.

I am concerned because the economic crisis facing the state of MONTANA today ~~and the nation as a whole~~ seriously threatens our ability to provide the kinds of quality services that we have struggled to develop over the past decade.

The examples I have shared with you have not been fabricated to prove a point nor are they isolated cases. They are in fact a stark reality, indicative of the kinds of problems which ^{currently} exist ^{our} today in ~~the~~ service delivery system.

Historically, the legislature of Montana has sought to provide social services based on an obligation to its less fortunate citizens. I am afraid that today SRS and the developmental disabilities in particular may be viewed ^{more} as ~~more of~~ an added expense than an obligation.

In sum, the problems currently existing in the service delivery system for the developmentally disabled are already threatening our ability to provide quality services. These problems include inadequate salaries for direct care staff. Lack of funds for the maintenance of homes and transportation. More funds ~~for the~~ needed to provide for clients' personal care and clothing needs, and additional services for a growing waiting list.

With so many needs and so little money, I perhaps should have prioritized the list and lobbied for one issue only. But no, my point is simply this.

To maintain current funding levels will make the reduction in the quality of services probable.

To reduce funding would make the deterioration of ^{current} ~~quality~~ services a certainty.

Only through increased funding can we continue to provide the services that the citizens of this state deserve and that we have struggled over the past decade to attain. Thank You.



LEAGUE OF WOMEN VOTERS OF MONTANA

February 11, 1985

To: Human Services Joint Subcommittee
Subject: Funding of Developmentally Disabled Services

For ten years, the League of Women Voters of Montana has supported regional and community programs/facilities as the preferred concept of care in the treatment and habilitation of the developmentally disabled person. Now that the change to regional and community centers is becoming a successful reality, funding is crucial.

LWVM urges adequate funding in this biennium for implementation of the first stage of a community-based services plan.

Not only will such a plan meet the needs of the state in treatment of the Developmentally Disabled, but it will benefit the same areas in economic ways.

A regional community services model, such as a regional resource center and group homes plan, is flexibly cost-effective in meeting Montana's present and future need for such facilities.

LWVM urges that adequate start-up funding be allocated for community and regional services to the Developmentally Disabled.

By: Marilen Trotter
2105 Gerald Ave
Missoula, MT 59801

For: Diane Young, State President
3300 - 7th Street N E
Great Falls, MT 59404

Exhibit 10
2-11-85

February 8, 1985

TO WHOM THIS MAY CONCERN:

I am a landlord in the Billings community. As such I have had the distinct pleasure of renting many apartments and houses to Developmentally Disabled (DD) people in services at the YWCA, Independent Living Program.

I want you all to know how much I value having this type of program for DD adults. The trainers at the YWCA are totally involved and responsible for their clients. I always receive the rent on time, the apartments are always clean, and I am always notified when a tenant is having an apartment problem and something needs to be maintained.

I, for one, as a landlord and a taxpayer, applaud the services the YWCA provides and I am proud to have DD adults in my apartments and homes. As a matter of fact, these tenants are more desirable to rent to than the "normal" population because their trainers and the tenants themselves have shown me they are more conscientious and responsible.

I want you all to be aware of the professional job the Independent Living Program provides for DD adults and how proud I am to be involved in helping to maintain DD adults in their own apartments. They deserve and require that personal touch the YWCA Program provides for them.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bert D. Mica". The signature is written in dark ink and is positioned below the word "Sincerely,".



MONTANA FEDERATION OF TEACHERS

AMERICAN FEDERATION OF TEACHERS

AFL-CIO



P.O. Box 1246

Helena, Montana 59624

(406) 442-2123



TESTIMONY OF MICHAEL KLINKHAMMER, FIELD REPRESENTATIVE, MONTANA FEDERATION OF TEACHERS, AFT, AFL-CIO, ON BEHALF OF THE MONTANA FEDERATION OF SERVICES FOR THE DEVELOPMENTALLY DISABLED, LOCAL 4279, MFT, AFT, AFL-CIO PRESENTED AT THE SRS - DEVELOPMENTALLY DISABILITIES PUBLIC HEARING BEFORE THE HUMAN SERVICES SUBCOMMITTEE ON FEBRUARY 11, 1985.

On behalf of the MONTANA FEDERATION OF SERVICES FOR THE DEVELOPMENTALLY DISABLED, LOCAL 4279, MFT, AFT, AFL-CIO, I am here to request that the committee consider and approve a program modification to increase salaries for direct care staff. We believe that the 1987 Biennium Developmental Disabilities Division Modified Request of \$500,000 over the biennium for direct care staff salaries is too modest. The request does not represent the true need for increased salaries for direct care staff. According to our calculations, and as noted as correct by the Developmental Disabilities Subcommittee of Priorities for People in a Public Hearing held September 5, 1984, the actual need for increased salaries for direct care staff is \$4,000,000. The need is based upon a comparison of salaries and benefits of state employees and employees of providers performing similar duties and responsibilities. Therefore, in the interest of the employees, the providers, the clients they serve, and based upon the principle of equal pay for equal work, we request a program modification of \$4,000,000 for increased salaries for direct care staff.

To illustrate this need, the following is a comparison of salaries (1983-84) and benefits (current) for employees of Regional Services for the Disabled, whom we represent, and their counterparts in State government performing similar duties and responsibilities.

<u>PROVIDER</u>			<u>STATE</u>		
POSITION	GRADE	SALARY	POSITION	GRADE	SALARY
Group Home Week-end employee	5	10,301	Psychiatric Aide II	8	12,794
Group Home Trainers	6	11,105	Psychiatric Aide II	8	12,794
Group Home Managers	8	12,794	Industries Shop Supervisors	11	15,997
Head Trainers Shop Instructors	9	13,767	Industries Shop Supervisors	11	15,997
Semi-Independent Trainer	10	14,833	Habilitation Training Specialist	12	17,283

ANALYSIS

POSITION	SALARY DIFFERENTIAL	PERCENT DIFFERENTIAL
Group Home Week-end employee	2,493	24%
Group Home Trainers	1,689	15%
Group Home Managers	3,203	25%
Head Trainers Shop Instructors	2,230	16%
Semi-Independent Trainers	2,730	17%

The average percent differential between classifications is 19.4%

The preceding analysis assumed that the employees of the provider were allowed to work a 40 hour week as do their state counterparts. In reality, with the exception of the Group Home Trainers and Group Home Managers, these employees are only allowed to work a 35 hour week because the Provider has insufficient funds to provide for these needed additional services. Therefore the true salary differential between employees of the Provider and their State counterparts is:

$$19.4\% + 12.5\% = 31.9\%$$

Another major benefit denied employees of the Provider is a Retirement Program comparable to that provided State employees. The current State contribution to PERS is 6.417% of the employees gross salary. Therefore comparing the cumulative result,

$$31.9\% + 6.417\% = 38.317\%$$

there is a 38.317% salary and benefit differential.

Finally, the employer's contribution for insurance is \$40.00 per month less than that received by State employees. Since each \$10.00 additional contribution per month towards the insurance cost is generally considered a $\frac{1}{2}\%$ increase in benefits on the Pay Plan, these employees receive at least 2% less in insurance contributions than their State counterparts. Therefore, these employees are receiving 40.317% less than their State counterpart for performing comparable duties and responsibilities.

The bottom line is that these employees are providing services for approximately 40% less than if the State were directly providing for these services. This tremendous inequity has a significant impact on the services provided. The fact that employee turnover of 100% annually is not uncommon is proof of it. If quality of service is a goal, then the elimination of this incredible salary and benefit inequity must be accomplished.

We believe the need for a program modification to provide \$4,000,000 to increase salaries for direct care staff is certainly justified in light of the foregoing material. We hope you will concur and take the necessary steps to meet this need.

D. N. Heaving

Feb 11, 1985

Exhibit 12

2-11-85

Mr Chairman and committee members
My name is Betty Streete and
I am from Ryegate and a parent
of a developmentally disabled daughter.
I would like to express my
appreciation for community based
services.

My daughter is in a group home
and attending a training center.
Here she is learning skills
beneficial for her well being and
skills that allow her to earn
money enabling her to feel her
worth as a human being.

She once was a resident of Boulder
River School and Hospital. I cannot
tell you how grateful we are to have
her in a community closer to us so
we can enjoy her and observe her
progress.

In the ten year community based
services have been available, they
have steadily improved. We need to
maintain these services with
adequate inflationary funding.

Last but not least we need also to
address the waiting lists for people
in need of services.

TESTIMONY ON PRIORITIES FOR PEOPLE
MODIFICATIONS FOR DEVELOPMENTALLY DISABLED
February 11, 1985

My name is Judith H. Carlson. I am representing the Montana Chapter of the National Association of Social Workers. This is the association of professional social workers around the state - some who are in private practice as ~~psycho~~therapists, but more who work in public and private agencies, such as those who serve as case managers for the developmentally disabled. Others serve in programs for the aged. Still others are in the child welfare agencies of the state.

Thus, as a group, social workers probably have as broad a viewpoint as any profession could have. We were involved in the beginning of the Priorities for People process. We have followed it through and will continue to do so.

Of particular interest today are those parts of the program which serve the developmentally disabled. Social workers have a responsibility to develop resources to meet the needs of their clients. When a case manager knows a client who needs to be in a group home, but no space is available, she or he sees the grief suffered. Even when you know a group home is the appropriate placement, a child or adult may continue to stay in a hospital or nursing home - a more expensive and less appropriate alternative. Thus I urge your approval of the ^{ref} modifications for the developmentally disabled.

Dear Rep. Dinslow and members
of the Legislature. For the record, my
name is Billie Helen from Billings.
I am a parent of five children.
Four healthy normal children and one
beautiful but brain injured baby girl.
She is 20 months old. She was 10 months
when I called the Early Childhood Intervention
program in Billings. She was not even
sitting up when they came to evaluate her
to see if she met the criteria for the
program. She was not verbally
communicating and had very little
personality. I want you to know that
I have a firm testimony of Early Childhood
Intervention and know that it has worked
miracles for our family. This special little
person that didn't sit and had zip
personality is now sitting by herself,
crawling and pulling herself up to standing.
She is becoming verbal and has loads
of personality. My hope and dreams
include a normal healthy life for
my brain injured child and I implore
you to please help make this life saving
community based program available to all

are in need of it in this our
great state.

Sincerely,
Mrs. Nellie E. Elen
1945 Barnack
Bellings, Mont.
59/105

2210 Fairview Place
Billings, Mt 59102
February 11, 1985

Members of the Committee:

I wish to speak to you in strong support of community-based services for developmentally disabled persons. As Board President of the S.T.E.P. Corporation in Billings, I have observed the growth and successful operation of children's services.

One particular benefit of community services is the grass roots support they receive from community volunteers. The S.T.E.P. Board has eight highly qualified members who are very committed to children's services. In addition to their volunteer time, we also benefit from Foster Grandparents, Church groups and individual volunteers. There is a strong sense in Billings that developmentally disabled children are our kids and our responsibility. This level of commitment in the community is volunteerism at its best.

Yours truly,
Katharin A. Kelker
Billings

VISITORS' REGISTER

Human Services 5.6 - COMMITTEEBILL NO. D. D.DATE 2-11-85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
<i>Gary Pagnotta</i>	<i>1602 Maple Ln. Bozeman</i>	✓	
<i>Gatty Pagnotta</i>	<i>1602 71 Maple Ln. Bozeman</i>	✓	
<i>Vic & Jessie Hager</i>	<i>Box 870, Belgrade</i>	✓	
<i>Sandra Harris</i>	<i>P.O. Box 234 Manhattan</i>	✓	
<i>Mike Norabuz</i>	<i>P.O. Box 727, Malta, MT</i>	✓	
<i>Caste Burrows</i>	<i>Glendive</i>	✓	
<i>Aunan K. Rogers</i>	<i>4704 Carol Dr Helena</i>	✓	
<i>Sylvia Donforth</i>	<i>Box 986 Miles City</i>	✓	
<i>Mary House</i>	<i>Box 2443 Colstrip 59323</i>	✓	
<i>Debbie Blankenship</i>	<i>Otter Mt 59062</i>	✓	
<i>Jeri Day</i>	<i>Brookus, MT</i>	✓	
<i>Virginia DeLand</i>	<i>Missoula, MT</i>	✓	
<i>Reba J. Wheeler</i>	<i>Bellings, MT</i>	✓	
<i>Kobe W. Duss</i>	<i>Livingston, MT</i>	✓	
<i>Connie Koenig</i>	<i>Kalispell</i>	✓	
<i>Kenneth J. Kruehner</i>	<i>Conrad</i>	✓	
<i>Hayden Mott</i>	<i>Conrad</i>	✓	
<i>Ted Maloney</i>	<i>Helena</i>	✓	
<i>Richard P. Swenson</i>	<i>Helena</i>	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services Sub COMMITTEEBILL NO. D. DDATE 2-11-85
~~2-7-85~~

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Mike Muszkiewicz	SRS - DDD	✓	
Katharin Kelker	Billings	✓	
Rusty Koch	Billings	✓	
Debbie Elken	Billings	✓	
Beverly Owens	Blgs	✓	
Debbie Streeter	Gye gate	✓	
Wayne R Vrona	Billings	✓	
Michael Klikschmace	Helena	✓	
Jeffrey Gray	Chapman	✓	
Paul Becklich	Billings	✓	
Jan. Bass	Billings	✓	
LORRIE HESCHMANN	Billings	✓	
MIKE HANSEN	HELENA	✓	
Robert J. Zielinske	SWAN LAKE	✓	
Beverly A. Zielinske	SWAN LAKE	✓	
JACK D. Zielinske	SWAN LAKE	✓	
Mike Morris	Missoula	✓	
JOHN FLEZ	HAMILTON	✓	
Breck Thompson	MASQUA	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services Sub COMMITTEEBILL NO. D. D.DATE 2-11-85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
GEORGE H. WEBER	Box 146 ST. IGNATIUS	✓	
DAVID E. FLEMING	Ronan	✓	
Joan McCarthy	322 Cleveland SE Ronan	X	
Paul N. ODEGAARD	3233 PARKHILL BILLINGS	X	
Jay Prichard	2031 Bev Hills Billings	X	
Wally Melker	974 Ave E NW Great Falls	X	
Bobbi Dyrud	RR 4261 Great Falls, MT	X	
Jean Hepburn	1805 1/2 Central Great Falls MT	X	
Gordon Vandewerpe	244 Suburban Dr Billings MT	X	
Marge Fehren	1840 Melwood Bogeman	X	
Gernice Ash	2320 Virginia Ave Billings	✓	
Linda Zimmens	2418 Terry Ave Billings	✓	
Marilen Hart Trotter	2105 Gerald Missoula	✓	
Laura Cork	Big Bear Resources, MS/MT	✓	
Kathrine Halderson	" " " "	✓	
Linda Cobban	" " " "	✓	
Tammie Thompson	" " " "	✓	
Josie Johnson	" " " "	✓	
Pattie Wagen	" " " "	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

