MEETING MINUTES HUMAN SERVICES SUBCOMMITTEE JANUARY 30, 1987

The meeting of the human services subcommittee was called to order on January 30, 1987 at 8:06 a.m. in room 108 of the state Capitol building by Chairman Richard Manning.

<u>ROLL CALL</u>: Rep Bradley and Rep Winslow were excused, all other members were present.

(26a:016) Per the committee's request, Dave Lewis, department of Social and Rehabilitative Services (DSRS), presented the job descriptions of county home attendants/homemakers, in-home services, home and community services programs, and personal care attendant services (exhibit 1).

Bob Bartholomew, Community Services Division of DSRS, presented the aging services program. His presentation included program data, in-home services, summary of program income, and the Montana Information and Referral Network (exhibit 2).

(26a:153) Duane Lutke, director of the Western Montana Area Agency on Aging, read his prepared text (exhibit 3) which presented the agency role, major goals, and plans.

(26a:221) Bob Waltmire spoke in support of in-home services for the aged population as an alternative to nursing home care.

Molly Murno, American Association of Retired People (AARP), spoke in support of in-home services, HB 217, and advocated the long term savings and benefits of supporting in home care.

Lenore Taliaferro, spoke in support of the budget proposed for aging services, especially the information and referral component.

In response to a question from Sen Himsl, Dave Lewis noted there would be no change in the aging services program when it was transferred to the new family services department.

(26a:397) Gary Walsh then presented an overview of the Foster Care program. There has been an 11.8% increase in the number of children in foster care from 1984 to 1986, with an 16.2% increase in the number of days of care over the same period of time. FY 87 expenditures, with the supplemental request, amount to \$7.7 million, which is in the budget for fiscal year 1988. The department is concerned that the budget does not reflect funds for caseload increases. Therefore, a modified has been requested for \$250,000, with flexibility to use foster care funds, develop community based services, i.e. specialized foster care homes, evaluate families and children involved, counseling and other support services to enable to keep children at a lower level of care.

Mr. Walsh then spoke on the rate system for foster group care and residential treatment services for children and youth. He presented a joint statement from DSRS and the Montana Residential Child Care Association regarding the need to establish this rate system (exhibit 4). The statement delineates the current rate system, actual cost of providing foster care services, and specific recommendations to the legislature to rectify the inequities of the current system.

(26a:553) In response to a question from Rep Switzer, Mr Walsh presented the following number of children served: 1,679 (1984), 1,727 (1985), and 1,760 (1986).

(26a:610) Bobbie Curtis, Montana State Foster Parents, spoke for the continuation of support services for foster parents, subsidized adoption to allow children with special needs and sibling groups to become eligible for adoption and the need for more workers to help both the foster care providers and the children being served.

(26b:016) Steve Waldron, Montana Residential Child Care Association, expressed the associations view of the current cost and rate system, which they view as unfair and inconsistent.

Ry Sorenson, Montana Residential Child Care Association, spoke on the association's goal to preserve families in the community. Their position is treatment beyond this goal be adequately funded and delivered at a suitable level to address the children's needs.

John Wilkinson spoke on the history of group home development, including shelter care facilities and youth treatment centers, to the present situation and the need to address the growth in the number of children requiring services, development of programs for special needs, enormous cost of institutionalizing youth, and youth referred to out of state facilities due to a lack of adequate facilities in state.

(26b:170) Greg Burham, juvenile probation officer, commented on the trend he has seen in the last ten (10) years as a probation officer, the movement of youth from community HUMAN SERVICES SUBCOMMITTEE JANUARY 30, 1987 PAGE 3

based services to institutions and the cost of prevention instead of institutionalization.

In response to an inquiry from Rep Connelly, Mr Burham commented that parents involved with their children are able to monitor and filter out television violence, while those children lacking parental involvement do not have this monitoring tool available.

Dick Mecker, juvenile probation officer from Helena, spoke as a strong advocate of community based services and care.

(26b:301) Jan Rebich, Deaconess Home, presented examples of children needing foster care and community based services.

Loren Soft, executive director of the Yellowstone Boys and Girls Ranch, described the facility, type of youth served, services provided. The facility has a 61% success ratio, as calculated in the last 12 months. The campus rate is \$78.27a day, and the group home rate is \$32.20 a day per youth. Prior length of stay at the facility had been 24 - 26 months. Currently that period of time is 14 months, with the treatment more intense than before, staff being more specialized to deal with the needs of the youth, and an emphasis to return the youth to their communities as soon as possible.

Discussion followed on the magnitude of sexual abuse of children, awareness and treatment of this problem.

(27a:175) Jan Shaw, Youth Services Inc., explained the services provided by this organization and urged support of the SRS budget.

(27a;220) Karen Northey, Crittenton Home, spoke on the services provided by this facility, which include maternity care and a mother/baby program for pregnant teen girls. She stated the girls presently entering the facility come from disfunctional families requiring intensive therapy, and these girls are opting to parent themselves rather than giving their babies up for adoption. The girls are from 15 to 17 years of age; 56 are currently in the maternity program and 30 are in the mother/baby program.

(27a:284) Rep Angela Russell spoke in support of protective services and for an adequate number of workers to provide the services needed. She feels there is a liability issue in this area in not providing the services needed.

(27a:338) Sharon Hanton, Montana chapter of the National Association of Social Workers, spoke in behalf of the association. She stated that 40 - 50% of the cases of child

HUMAN SERVICES SUBCOMMITTEE JANUARY 30, 1987 PAGE 4

abuse are substantiated, and that child care workers are overworked and overburdened personnel. She expressed the need for early intervention to prevent problems from escalating. Due to the overload on child protective services, volunteer staff in the private sector are seeing the overflow and are doing some child protective services themselves. She also submitted three (3) letters of support (exhibits 5, 6, and 7).

(27a:422) Marjorie Montrose, DSRS Community Services, is a full time social worker for Beaverhead county at Dillon. She gave an overview of her job responsibilities, spoke briefly on case histories and abusive adults, and described the process of the child protective services responsibilities of her position.

(27a:683) Judy Carlson, National Association of Social Workers, urged support for 30 more social workers for the state. Ms Carlson also reiterated on the caseload and responsibilities of the social workers, and feels that society is more violent, with the result of a tinderbox of damaged children being left in the wake requiring intensive services and support.

(27b:027) Bobbie Curtis, Montana State Foster Parents, emphasized the critical need for social workers as supporters and counselors for foster care providers and foster care children.

The meeting was adjourned at 10:17 a.m. (27b:038)

Richard Manning, Chai

rm/gmc/1.30

DAILY ROLL CALL

HUMAN SERVICES SUB COMMITTEE

50th LEGISLATIVE S	ESSION 198 Da		uj 30, 1987
NAME	PRESENT	ABSENT	EXCUSED
Rep. Cal Winslow, Chairman			X
Sen. Richard Manning, Vice Chair	X		
Sen. Ethel Harding	X		
Sen. Matt Himsl	X		
Rep. Dorothy Bradley			X
Rep. Mary Ellen Connelly	Χ,		
Rep. Dean Switzer	·X		
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EXHIBIT DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES Economic Assistance and Community Services Divisions

COUNTY HOME ATTENDANTS/HOMEMAKERS

Community Services Division home attendants or homemakers are located in county offices throughout the state. During the special session, 21 home attendant positions were eliminated leaving approximately 30.4 FTEs. At this time, homemakers are not located in every county. Home attendants are used in children's services as well as adult services. Their function in child protection includes teaching household skills to natural parents and providing transportation to foster children. They provide services to the elderly, including meal preparation, housekeeping, transportation and others. Homemakers work under the direction of social workers involved with protective services. The Home Health contract in Lewis & Clark County provides the same services as in-house home attendants.

IN-HOME SERVICES

Community Services Division in-home services are provided by contract by area agencies on aging. Services include homemakers, home chore, personal care, medical alert, home health services (when not a duplication of existing services) and medically related services. Aging services may be provided to individuals in need without regard to income. The homemaker services provided by our staff and under contract are coordinated at the county level.

HOME AND COMMUNITY SERVICES PROGRAM

The Home and Community Services Program, also known as the Medicaid Waiver, is designed to serve people in the community who would otherwise <u>require</u> nursing home care. To be eligible for the waiver, an individual must be Medicaid eligible, require the level of care provided by a skilled or intermediate nursing facility and reside in specified counties. Services are now available in 20 counties. Services are provided according to a plan of care which must be signed by a physician, show that all health and safety needs of the recipient will be met and which may not exceed the cost of nursing home care. Medicaid reimbursement for waiver services is available only for those services not available through other federally funded sources.

PERSONAL CARE ATTENDANT PROGRAM

Personal care services are medically necessary in-home services provided to Medicaid eligible recipients whose chronic health problems cause them to be functionally limited in performing activities of daily living. Personal care services include, but are not limited to, activities related to a recipient's physical health and personal hygiene, such as bathing, dressing, feeding, grooming, toileting, limited housekeeping, transfer and escort. Personal care services must be prescribed by a physician and supervised by a registered nurse. Effective January 1, 1987, all personal care services, including nurse supervision, are provided by West Mont Home Management Services, Inc.



FY86 Program Data

I & R.		does not	In-Home Services	NOTE: Includes In-H
		2,019,927.8	114,088.0	TOTAL 114,088.0
14.6	; x= 	320,072.5	21,914.0	Transportation
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31.7	••	8,426.0	0.992	Tel. Reassurance
1.0	=2	212.0	212.O	* ⊷i
7.7	33	4,677.5	0,809	1 5 1
42.4		0,666'I	0"88	Shopping Assist
جمبر ج	**	35,519.5	31,924.0	Senior Center
61.6	**	2,835.0	45.0	Respite Care
4 • 4		183.0	42.0	Physical Therapy
16.4		10,953,3	667.0	Personal Care
1.0	43	35.0	35.0	Medical Alert
e i		4,184.0	177.0	Mad. Transport
	13	8,698	1,616.0	Legal
ຍ ເມ	••	2,116.0	401.0	Indv. Outreach
26.1	18	74,788.8	2,866.0	Homenaker
10.4		19,416.1	1,861.0	Home Mealth Aide
74.1		453,321.0	6,115.0	Home Del, Meals
14.8	*3	10,119.5	632.0	Home Chore
4.9	= 1	22,451.4	4,617.0	Health Screening
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	••	13.0		Coordinators
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AVERAGE		TOTAL NO. OF	TOTAL NO.	
CSD-95	FY86	Sourt Final		

S	DEPARTMENT OF OCIAL AND REHABILITATION SERVIC	
at 111 and		P.O. BOX
	SIALE OF MONIANA	HELENA, MONTANA 59604
January 2	27, 1987	

TO: Interested Persons

FROM: Robert Bartholomew, Supervisor State Unit on Aging

RE: In-Home Services SFY86

The following is a summary of services provided to Montana's elderly in State Fiscal Year 1986, from In-Home Services funding:

POPULATION SERVED - The "at risk" elderly population.

Those elderly that met some or all of the following characteristics:

- (a) Advanced Age (75 and older)
- (b) Living Alone
- (c) Lacking Transportation
- (d) Moderate to Low-Income
- (e) One or more chronic diseases that cause some limitation in the performance of daily living activities

DESCRIPTION OF PROBLEM

Why there is a need for services in Montana:

- (a) An ever increasing aging population
- (b) The elderly have a moderate to low fixed income
- (c) Dramatic increases and need for health care
- (d) Increased need for home care due to early hospital discharges (DGR's)
- (e) Decrease in the availability of informal support groups for care (children, friends, or family members living farther away)
- (f) Reduction in home attendant staff at the County level
- (g) Rapid increases in basic living expenses such as property taxes, utilities, and telephone service
- (h) Availability of services in rural communities

SERVICES PROVIDED

The In-Home Services funding for SFY'86 (\$282,000) provided the following services to 8,037 older persons: Homemaker, home-chore, personal care, medical alert, environmental modification of homes, (ramps, grab-bars, etc.) home-health services (when not a duplication of existing services), and transportation services (medically related).

Interested Persons January 27, 1987 Page -2-

There were 53,697 units of in-home services provided in 1986, with the average recipient receiving 6.7 units of service at an average cost of \$5.25 or a total of \$35.25 per recipient. Homemaker, home-health and nursing services comprised the majority of the units provided.

SURVEY OF SERVICES

During the summary of FY1986, the State Unit on Aging surveyed their contractors to estimate the number of clients whom are at risk of institutionalization without access to these in-home services. ... Six (6) of the eleven (11) Area Agencies on Aging estimated that twenty-five (25) percent of their in-home service clients were at risk of institutionalization without access to these in-home services. This estimation compares favorably with a study done by Mr. Robert Harootyan in 1985 for the U.S. Congress. His study mandates nationally that twenty (20) percent of persons over the age of 65 are at risk. There are approximately 120,000 older Montanans. If twenty (20) percent of these persons were, therefore, considered at risk, nearly 24,000 older Montanans could potentially need in-home services to reduce the risk of institutionalization. Given the cost of institutionalization, the provision of in-home services makes good economic sense.

RB:dh

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES, STATE UNIT ON AGING

IN-HOME SERVICES

	Funding Level	Total Units of Service	<pre># Elderly Served</pre>	Unduplicated ⁽¹⁾ Elderly
SFY86	\$282,000	53,697	8,037	4,018
SFY87	\$286,000	57,200 ⁽²⁾	8,171 ⁽²⁾	4,085 ⁽²⁾
SFY88	\$316,000	63,200 ⁽²⁾	9,000 ⁽²⁾	4,500 ⁽²⁾
SFY89	\$316,000	63, 200 ⁽²⁾	9,000 ⁽²⁾	4,500 (2)

HB217 (Additional Funding/Services)

SFY88	\$250,000	47,000 ⁽²⁾	7,000 ⁽²⁾	3,500 ⁽²⁾
SFY89	\$250,000	47,000 ⁽²⁾	7,000 ⁽²⁾	3, 500 ⁽²⁾

- (1) Some elderly served may receive various services, for example, both transportation and home chore. A conservative estimate based upon SYF86 clients, two services for each elder to determine the unduplicated count.
- (2) Conservative estimate based upon units of service, # elderly served (duplicated & unduplicated count) in SFY86. Could vary depending upon specific services provided at the local level.



January 27, 1987

TO: Interested Persons

Robert Bartholomew, Supervisor FROM: State Unit on Aging

RE: Summary of Program Income - 1986 Montana's Aging Services

The following summarizes Program Income generated in providing various services to Montana's elderly. These funds are utilized at the local level to enhance services.

(a)	<u>Title III-B</u> (Social Services such as Senior Centers, Transporation, and In-Home Services)	\$	153,67 8
(b)	<u>Title III-C1</u> (Congregate Meals)		761,147
(c)	Title III-C2 (Home-Delivered)		316,624
(d)	State Program		33,414
(e)	In-Home Services		15,724
		\$1	,280,587

The above funds are primarily generated from "suggested contributions" within the local programs. Seniors are asked to contribute based upon their ability to pay as required under the Federal Older Americans's Act.

RB:dh



January 26, 1987

TO: Interested Persons

FROM: Robert Bartholomew, Supervisor State Unit on Aging

RE: Montana's Information and Referral Network

The Information and Referral (I&R) Network began in October, 1974. The objective of the program is to make state government more responsive to the needs of senior citizens in the State of Montana.

(a) STATE-WIDE NETWORK

There are 54 I&R Technicians throughout the state that are employees or volunteers of the Area Agencies on Aging that provide information about services for the elderly. They can also be contacted for follow-up referrals. During the Technicians follow-up with the client, other service programs available to the senior are also explained. I&R Technicians can be reached through the Area Agencies on Aging or the toll-free number 1-800-332-2272. Training is provided on a regular basis to keep the I&R Technician informed about available services.

(b) ACCESS TO GOVERNMENT

Anyone can contact the State Unit on Aging by calling the toll-free telephone number through the Citizens Advocate Office: 1-800-332-2272. Two part-time I&R Technicians are available between 8:00 and 5:00 Monday through Friday to answer questions, and help with problems by contacting the proper State agency. The I&R program is not designed to deliver the service requested, but to refer the problem to the responsible agency and to see that the service is delivered.

(c) VISITATIONS AND OUTREACH

I&R Technicians are responsible for visiting their local nursing homes and other facilities. Some I&R Technicians have been designated as Local Long-Term Care Ombudsman by the State Long-Term Care Ombudsman after meeting specific requirements. The designated Local Long-Term Care Ombudsman provide assistance to the State Ombudsman in investigation of complaints within long-term care facilities. Interested Persons January 26, 1987 Page -2-

30.87

(d) The following summarizes the individual cases of the Information and Referral Network for 1986.

Social Security	2,398
Energy Relief	1,188
Housing	754
Medical and Health	3,472
Employment	577
Legal	729
Insurance	1,009
Transportation	4,297
Home Care Medical	2,370
Home Care Live-In	2,380
SRS Medicaid	445
Nutrition	5,736
Taxes	771
Retirement	225
Visual Aid	391
Veterans Administration	637
Lonely	12,548
Food Stamps	559
Seasonal	533
Consumer Affairs	861
Legislature	294
Miscellaneous	1,591
TOTAL	43,765

State Unit Calls & Cases

Out-going Phone Calls	262
In-coming Phone Calls	1,027
Helena Office Cases	80
Information Cases	387

All cases are reported on a monthly basis by the Information and Referral Technicians to the Area Agencies on Aging. The Area Agencies on Aging in turn report to the State Unit on Aging.

If there are any questions about the above summary, please call our office at 444-5650. Thank you.

RB:dh

EXHIBIT B DATE JOD ST HS

January 30, 1987

TO: All Interested Persons

FROM: Duane E. Lutke, Director Quant future Western Montana Area Agency on Aging

I am Duane Lutke, Director of the Western Montana Area VI Agency on Aging in Polson, Montana.

There are eleven area agencies on aging within the State of Montana. I am here today to speak on behalf of the Montana Area Agencies on Aging Directors'. Association, of which I am President.

Area agencies on aging were created by the 1973 Amendments to the Older Americans Act of 1965. There are approximately 660 area agencies nationwide. They are part of what we fondly refer to as the "Aging Network." This network includes the Administration on Aging at the federal level, the State Units on Aging at the state level, Area Agencies on Aging at the local level and many public and private agencies including nutrition sites and senior centers.

The role of the area agency on aging in this network is to plan, coordinate and advocate for the development of a comprehensive service delivery system which meets the short and long terms needs of older persons in a specific geographic area. Area agencies accomplish this goal by working with federal, state and local officials, elderly constituent groups and the private sector to coordinate existing services and to stimulate new services.

Each area agency designated by the state unit on aging must develop a plan for its planning and service area. The planning and service area is the geographical area served by the area agency. The area plan identifies needs of older persons, sets priorities and specifies which services will be provided to meet those needs.

Each plan shall provide, through a comprehensive and coordinated system, for supportive services, nutrition services and where appropriate, multi-purpose senior centers.

The area plan sets forth the projected utilization of funds made available to the area agencies under the Older Americans Act as well as other federal, state and local public and private funds. The area plan may be viewed as a "Blue Print for Action" by the area agency on behalf of the older persons within its area. In many cases, the area agency will not be the direct provider of services identified in the plan, but will select, fund, monitor and evaluate local agencies who do provide these services to the elderly.

Some of the many services which can be provided are transportation, information and referral, legal services, nutrition programs, homemaker services, home health services, senior center activities, telephone reassurance services, preretirement planning advice, health promotion and health education.

. EXHIB:T

The Information & Referral program has been targeted by some for possible reduction. We would oppose any reduction in the Information and Referral program as this program, besides being mandated by the federal Older American's Act, provides access to basic services for many older Montanans. Total cases handled by the Information and Referral network during FY 1986 surpassed 43,000.

Secondly, we would propose an increase in the funding level for In-Home Services. State provided In-Home service funds have and continue to prevent premature institutionalization of older Montanans. We believe this program, which is prevention oriented will in the long term save dollars for the State of Montana.

These many services provide for the State Unit on Aging and the Area Agencies to meet the major goals of the Older Americans Act which are:

- 1. Secure maximum independence and dignity for older persons;
- 2. Remove individual and social barriers to economic and personal independence;
- 3. Prevent unnecessary or premature institutionalization;
- 4. Reduce isolation and loneliness;
- 5. Help older people enjoy better health through improved nutrition;
- 6. Provide a continuum of supportive services for the elderly; and
- 7. Provide for retirement in health, honor and dignity.

I wish to thank the Committee for allowing me to speak today, and should any of the members have any questions I am willing to attempt to answer.

HBIT.

JOINT STATEMENT FROM THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES AND THE MONTANA RESIDENTIAL CHILD CARE ASSOCIATION REGARDING THE NEED TO ESTABLISH A RATE SYSTEM FOR FOSTER GROUP CARE AND RESIDENTIAL TREATMENT SERVICES FOR CHILDREN AND YOUTH

The current rate system does not reflect the actual cost of providing foster group care and residential treatment services. The method of developing "negotiated" rates has produced inconsistencies between the various classes of providers as well as with providers within a given class.

The Department contracted with M.R.C.C.A. to review the rate setting process. M.R.C.C.A. in turn subcontracted with Healthcare Fiancial Systems of Great Falls to develop a proposed reimbursement system. It was determined that a Prospective Payment System would be the most appropriate as it is generally based on historical cost data and average payment rates. By using averages, this system treats facilities more fairly by rewarding low cost efficient facilities and reducing payments to high cost facilities.

H.F.S. surveyed all foster care providers and was able to receive responses from all but nine facilities out of 31. After the results of the survey were analyzed, the discrepancy between the current daily rate per child paid by SRS; the cost of providing the service; and the rate that would be paid should a Prospective Payment System be adopted become obvious. SRS classifies facilities into three groupings.

Type of Facility	Number of Facilities	Current Rate	Cost of Providing Services	Prospective Payment System Rate
Group Home	17	32.00	39.70	39.41
Shelter Care	7	25.67	50.42	50.21
Treatment Facility	7	54.00	86.28	83.75
TOTAL	31	41.72	62.99	61.69

Overall, Facilities are receiving 66 percent of what it is costing them to provide services, and are receiving 67 percent of what they would receive under a Prospective Payment System. While these figures are preliminary, it is important to note the discrepancies between the classes of providers shown above.

In sum, there is no relationship between the amount of reimbursement and the cost of the service. All providers are paid under their cost and consequently some have not survived. Some others survive through a series of formal and informal arrangements with staff that fly in the face of prudent management. However, they are committed to keeping their doors open to provide care for their youthful charges.



Specifically, we are requesting the legislature to consider the following:

- 1. To allow the Department to put into place a prospective rate system for foster group care and residential treatment services by July 1, 1988.
- 2. To recognize that, based on preliminary figures, the cost of fully implementing such a system is approximately two million dollars per year. Whereas it is likely impractical to fully implement this system for the 1989 biennium, there is a recognition that this system needs to be phased in with the goal of removing the major inequities and the major underfunding problems in the system.

One cautionary note: given that the system is seriously underfunded, any rate system that recognizes there may be "winners" and "losers" in the rate battle may throw an already fragile system into total chaos. However, this is a risk that must be taken, as we will surely witness a serious erosion in services if the current sytem of inequities is allowed to be perpetuated.

N/24



National Association of Social Workers

Sharon Hanton 20 Hodgman Canyon Bozeman, MT 59715 (406) 586-9500



EXHIBIT DATE. HR

I am Sharon Hanton, Executive Director of the Montana Chapter of the National Association of Social Workers. I am here to testify on behalf of maintaining the current number of child protective service workers and urging you to seriously consider increasing their number. Child protective service workers must investigate all reports of suspected child neglect, abuse and/or incest. Child molestations which have been reported as having been done by someone outside the family structure are turned over for investigation to law enforcement.

I came to the June session of this legislature to testify on the serious need for increasing the child protective service workers. In that session, 9 child protective worker slots were deleted. One comment made, in our discussion, was that the population of Montana was decreasing and this would surely decrease the number of insodences of child abuse. The population has decreased but the need for investigations has increased.

In Yellowstone County investigations are up by 40% from January to August 1986. What this means is that at any given time there are between 175-200 investigations being undertaken by 6 full time workers. Child protective workers report that cases being investigated involve more serious acts of violence, economic stress and seriously dysfunctional families and parents. Big Brothers and Sisters report that 85% of their kids are seriously disturbed. Staff from run away programs, like Tumble Weed in Billings, find that kids over 14 who report being abused at home run. Child protective supervisors say that they must prioritize which cases get investigated first. Infants and small children must be investigated first, before teenageers.

Our child protective workers do a good job. They are, for the most part well trained and dedicated professionals. However, they work with the most stressful situations. They work overtime onaan average of 80 to 100 hours per year. Most cases involve at least 7 people and several other community support system. The average case load for thes@ workers is between 35-45 (The Child Welfare League of America recommends case loads no greater than 20-25).

For these reasons I urge you to increase the present appropriation for child protective workers and for their training. I know that the state and you as legislators are facing serious financial questions regarding the state deficits. Because this is so serious and issue, I felt compelled to step forward and ask for this increase even in such financial times as these.

Thank you for your attention.

Sheren Fratin, Mich

... Updated 12/4/86 ... Page 1

EXHIBIT

SUMMARY OF CHILD	ABUSE/NEGLECT	[CA/N]	STATISTICS:	SFY85	AND	SFY86	HR.

	[A]	[B]	[C]	[D]	[E]	
	Referrals Received by SRS Alleging CA/N	Children Referred For CA/N Investigations	<u>Total</u> <u>Alleged CA/N</u> <u>Incidents</u> <u>Reported</u> [F]+[J]+[N]	<u>Total</u> <u>CA/N</u> <u>Incidents</u> <u>Substantiate</u> [G]+[K]+[0]	Substantiati Rate [*] fo Referrals d Alleging CA	r
SFY85:	6,362	7,328	8,708	3,610	56.7%	
SFY86:	7,098 [= +11.6%]	8,081 [= +10.3%]	9,572 [= +9.9%]	3,734 [= +3.4%]	52.6% [= -4.1%]	
,	[F]		[G]	[H	1	[1]
i	Reports Receiv Allcging Sexual Abuse	 20	Sexual Abuse Incidents Substantiated	Substant Rate [* Sexual Repo Recei	*] for Abuse rts	Substantiated Sexual Abuse As % of Total Substantiated Incidents
SFY85:	1,305		589	45.	1%	16.3%
<u>SFY86</u> :	1,346 [= +3.1%]		620 [= +5.3%]	46. [= +		16.6% [= +0.3%]
•	[J]		[K]	[L	.]	[M]
	Reports Receiv Alleging Physical/Emotic Abuse		Physical/ Emotional buse Incidents Substantiated	Substant Rate [* Phys/Enc Repo Recei	*] for Abuse orts	Substantiated Phys/Emo Abuse As % of Total Substantiated Incidents
SFY85:	2,885		1,187	41.	1%	32.9%
<u>SFY86</u> :	3,043 [= +5.5%]		1,187 [= No Change]	39. [= -2		31.8% [= -1.1%]
	[N]	[0]	[]	P]	[Q]	[R]
	Reports Received Alleging Neglect	<u>Neglect</u> Incident Substantia	s Neglect	tiation Neg **] for Reports Su	bstantiated lect As % of Total lbstantiated Incidents	<u>CA/N</u> Fatalities
SFY85:	4,518	1,834	40	.6%	50.8%	2
<u>SFY86</u> :	5,183 [= +14.7%]	1,927 [= +5.19		.2% 3.4%]	51.6% [= +0.8%]	3 [= +50%]

[*] "Substantiation Rate" for Referrals Alleging CA/N. [E] is defined as column [D] divided by column [A] -i.e., the total number of CA/N incidents substantiated divided by the number of referrals received by SRS alleging child abuse/neglect.

[**] "Substantiation Rates" for the separate CA/N types are defined as the number of substantiated incidents of a given type divided by the number of reports (allegations) of that CA/N type received. Thus [H] = [G] ided by [F]; and [L] = [K] divided by [J]; and [P] = [O] divided by [N].

a Source: SRS Protective Services Information System [PSIS] year-end reports dated 11/6/86

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... Updated 12/4/86 ... Page 2

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CHILD ABUSE/NEGLECT: REFERRALS RECEIVED AND INVESTIGATED BY SRS CHILD PROTECTIVE SERVICES

... SFY82 THROUGH SFY86 ...

SFY82:	4,426 Referrals Investigated	(4,426 CA/N referrals were <u>received</u> and <u>investigated</u> by SRS [®] Child Protective Service Social Workers)
SFY83:	5,017 Referrals Investigated	= +591 or 13% above SFY82
SFY84:	5,308 Referrals	= +882 or 20% above SFY82
	Investigated	=+291 or 6% above SFY83
SFY85:	6,362 Referrals	= +1,936 or 44% above SFY82
	Investigated	=+1,345 or 27% above SFY83
	i.	=+1,054 or 20% above SFY84
SFY86:	7,098 Referrals	= +2,672 or 60% above SFY82
	Investigated	=+2,081 or 41% above SFY83
		=+1,790 or 34% above SFY84
		=+736 or 11.6% above SFY85
Data Source	e:SFY82-84: SRS A.	C.E. Social Services Reporting System
	SFY85-86: SRS Pr	otective Services Information System [PSIS]: 11/6/86 reports.





YELLOWSTONE COUNTY HEAD START, INC.

P.O. Box 2056

Billings, MT 59103

Telephone: (406) 245-7233

EXHIBIT.

January 6, 1987

Sharon Hanton, LSW Executive Director, NASW 20 Hodgman Canyon Bozeman, MT. 59715

To Whom It May Concern:

I am writing on behalf of the proposed Priority for People's increase in child protective workers. Child welfare standards should mirror community norms. In my own 5 years of experience as a child welfare worker (1 in Detroit and 4 in Montana), I have seen how closely services match financial resources. When a worker's caseload increases, fewer services are delivered and society pays more in the long run in terms of damaged lives. I have been a therapist at Yellowstone Boys and Girls Ranch, and have seen how difficult it is to instill trust in battered children.

SRS increasingly looks to the community for preventative child welfare services. As the Head Start Social Worker, I have received grants to do preventative work with the Head Start population. Many of our basic services at Head Start are child abuse and neglect prevention. I work with many families on problems which could turn into abusive or neglectful situations if continued. We at Head Start feel very comfortable with our role as a preventive agency.

What has been of concern to us lately, however, has been the amount of situations I'm working with which would have qualified for CPS help in earlier years. This is not a good situation, as I only work during the school year and I lack the time or the resources to do intensive CPS work.

What particularly distresses me are the families who ask for CPS help and receive a visit once every 2 or 3 months. The CPS workers are not culpable; their caseloads are too high.

Last year a Head Start mother asked for a CPS worker. CPS arranged for her to have a worker and a volunteer from Volunteers for Families in Stress. The volunteer called once and never contacted the woman again, despite promises. Volunteers may be trained to be supportive and nurturing for families in stress. I don't think however that volunteers can be relied on for a therapeutic casework relationship. There's no way a volunteer can be held as accountable as a trained professional worker. The worker assigned to the woman, however, was able to see her only once, and then he called her once over the next 3 months to see how she was doing. After those 3 months I had to call CPS about a second abuse incident regarding one of the women's sons.

As a former child welfare worker who has seen the effectiveness of child welfare casework services, it is hard to watch Child Protective Services turn into a strictly investigative agency due to lack of workers. CPS workers have no choice but to turn to other agencies to provide casework services. Child welfare casework by agencies other than SRS, however, must of necessity

An Equal Opportunity Agency

Sharon Hanton, LSW January 6, 1987

EXHIBIT HR

be weak. SRS is the only agency with legal authority to take action when needed.

These economic times call naturally for <u>more</u> trained child welfare workers to help families and children find their way out of impossible situations. Volunteers, and preventative and mental health agencies can all help but the casework needs to be done by Child Protective Services. That is the only agency with the outreach capabilities and the legal clout needed to protect children who are being abused and neglected.

Psychiatric institutions, prisons, long-term foster care-all are expensive. Effective child welfare saves the community money. Adding on child welfare workers, so more of their work can be effective, makes sense financially as well as ethically.

Sincerely,

Anne Harris

Anne Harris, MSW Head Start Social Worker

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PROBATION DEPARTMENT -- DOMESTIC RELATIONS

207 Yellowstone County Courthouse P.O. Box 35031 Billings, Montana 59107 (406) 256-2838

January 2, 1987

Ms. Sharon Hanton Executive Director 20 Hodgman Canyon Bozeman, MT 59715

Dear Ms. Hanton:

I have read your letter concerning support for the "proposed PFP's increase in child protective workers." As a former Child Protective Services Supervisor in Yellowstone County, I would like to offer the following input and appropriate support.

I seriously question whether it is sound governmental policy, nor good social work to increase "involuntary intervention services" without looking at the continuum of care that exists in youth and family services. Oftentimes a CPS worker intervenes with a family/youth, assesses their service needs and then finds that there are very few, if any resources, to assist the family in dealing with their problematic situation. As a "Broker of Services," the CPS worker oftentimes find themselves "broke." There are not adequate nor affordable services in the areas of mental health counseling, chemical dependency counseling, foster care, residential treatment, sex offender treatment, parenting classes, etc.

We can not expect CPS intervention to be effective nor in the best interests of children when necessary services to support that intervention are nonexistent. A good share of the people involved do not have insurance coverage to pay for those services. At \$50 to \$100 per hour, there are few families that can utilize the services of a professional therapist or psychiatrist.

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Ms. Sharon Hanton January 2, 1987 Page 2

I support additional services, but from the perspective that they will enable the current CPS staff to have resources to which they may refer to i.e. mental health, parenting, etc. I believe the presence of those options and resources would enable the current CPS staff to utilize treatment rather than feel frustrated because they have nothing to work with.

I believe we are at a point in Montana when we need to start critically analyzing what we have been doing over the past twenty years in regard to social services. We need to ask some tough and sensitive questions as to the role of government and the role of the family.

Yours truly,

Vernie Hedrick for

BERNIE HEDRICK, M.S. ' Court Services Worker

BH:dr

8:00 a.m., Room 108, Capitol Building:

Good Morning, my name is Marj Montrose. I am a full time social worker in Beaverhead County with offices in the Courthouse in Dillon. Along with the other workers in our rural areas I cover alot of miles in the course of my job, and also deal with a variety of "people problems".

Today our focus is on kids, however, and we are talking about the "child protective services" or CPS part of my job.

My mandate under the law is to protect and advocate for kids. In 1974 the Montana Legislature passed the current laws regarding abused, neglected and dependent children, stating we are committed to:

- Insuring that all youth have a right to an adequate physical and emotional environment in which to grow;
- 2. Insisting when necessary that parents or guardians provide this environment and perform their legal duty; and
- Preserving the unity of the family and/or providing for the protection of children whose health and welfare is threatened.

Let me define a few terms for you at this point. "Abuse" is an act of <u>commission</u> - - something done to another person. "Neglect" is an act of <u>omission</u> - -something is being <u>withheld</u> from another. As a rule, the marks and wounds of abuse are external; the wounds from neglect are internal and much more difficult to deal with and heal.

In CPS we see children who have been physically or emotionally or sexually abused by adults. There are too many cases where the child victim is injured severely to a point requiring hospitalization. Some cases have ended with the death of the child. One of the sad cases I investigated concerned multiple bruises on an eleven year old boy who is severely retarded and non-verbal.

Neglect cases are more difficult to define. Public perception would pinpoint a child who is dirty and unkempt, according to your standards or mine. You may be seeing a product of poverty, however, or a child who enjoys being dirty and playing rough and tumble games. True neglect is sad to see. One infant, physically neglected and diagnosed as "failure to thrive", had an arm so thin it was no bigger around than my thumb. He was almost three months old and had reached about 7½ pounds. Another boy 4 or 5 at the time was found in a dumpster in a rainstorm. His alcoholic mother was gone and he'd been locked out of the house. This same boy would resort to eating cat food because there was no food in the home.

As you can see, these kids are <u>not</u> juvenile delinquents or bad kids. They are victims of adults and adult problems. And because they are kids they are virtually powerless and in danger.

I must say at this point the adults involved in these situations are not necessarily just unemployed, single, poor or otherwise inadequate. Abusive parents cut across all segments of our society. We all experience stress and frustration in our lives. With the demands our society puts on us it is easy to see how a person can react with anger and strike out at the nearest available object - - often their children. Another factor is that a person who was abused as a child is probably going to be an abusive parent.

Let me briefly explain the process involved in a CPS case for you. I receive reports of suspected abuse or neglect, either by phone or by people coming to the office. I get basic information from the reporter such as names, ages, nature of their concern and any other information they have to offer. It is then my duty to investigate the complaint and determine whether the complaint is valid or not.

If the referral is correct and a child is in danger then I must make a decision on ways of handling the case. In less life-threatening situations I will leave the child in the home while working with the family. If the child is in imminent danger and the care-giver or parent

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is the perpetrator then I can take emergency protective custody and make a foster home placement immediately. (I should interject here that the parent is usually the perpetrator. Kids are in less danger from strangers than from someone known to them. This is especially true with sexual molestation where trust is formed and the child wooed and favored by the offender).

the next step in the CPS process involves the courts. The County Attorney files a Petition for Temporary Investigative Authority or a TIA and a date is set for a hearing. If granted, this gives me the opportunity to do a thorough investigation of the family. I can get assistance from physicians, psychologists, schools, etc., to determine the extent of the family problems. Based on the information gathered under this Petition I can then go into court and request Temporary Custody. I develop strategies and a "treatment plan" which outlines for the family the steps which must be taken to correct the problems which led to the intervention. When the problems have been corrected the child is returned to the family home, with follow-up visits to prevent any reoccurrance of the problems. If the family is not cooperative, or there is a pattern of repeated abuse or neglect, then I will as a last resort petition the courts for permanent custody, possibly with termination of parental rights which would allow the child to be placed for adoption. Children need permanency and stability; they must have something they can lean on that will not buckle under their pressure. They cannot grow up to be stable, productive adults if they spend their childhood in an unstable environment.

Perhaps this academic description of the process would be made a little more clear by applying it to the case of the retarded boy I referred to a minute ago. "John" (not his real name, of course) came to school with large bruises all over his body after the Christmas holiday one year. I immediately went to the school, accompanied by a deputy who took pictures of the boy. He was examined by his doctor to insure against any internal damage. I then went to the family - - a hard-working, fully employed father, a stay-at-home mother, and an older brother. Because of several factors - - concerned mother, involvement of helping agencies

for the developmentally disabled, and the fact that this was the first such occurrence, I left the child in the home and worked out a plan which included family therapy with Mental Health.

Sadly, almost a year to the day later there was a repeated call from the teacher. This time I placed John in a foster home and filed for Temporary Custody. This was granted and then I developed a treatment plan which included parenting classes and mental health therapy for the entire family, among other things. When the psychologist advised me it was appropriate, I returned John to the home, arranging for baby sitting on some weekends to give the mother a break. To date the family is managing to maintain a reasonably stable environment for both boys but I am still maintaining contact so I can head off any crises which may arise.

Mine is not always a "fun" job - - in fact it seldom is. I must deal daily with people who are in pain and who are angry, hurt and bewildered. I've said nothing about sexual abuse cases. Dealing with these victims and the offenders is especially painful to all who are involved.

Social Workers are professionals who are expected to make instant and difficult decisions under situations of extreme pressure and stress. Each case is time-consuming and emotionally draining. The numbers of reports of abuse and neglect are increasing throughout the state and the problem is severe, both in urban and rural areas. Seldom are people pleased with the actions of the social worker - - we are either interfering, meddling, nosy busy-bodies, or we aren't acting aggressively enough and doing our jobs in removing those dirty-faced little kids from that home! <u>I know</u> that each worker in the State of Montana is doing the best job he or she can as they all hurt for the little kids who are subjected to the whims and outbursts of adults who are temporarily out-of-control.

On behalf of the approximately 200 social workers in Montana, thank you for allowing me to be here today.

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VISITORS' REGISTER

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ALFRED KASCHUBE	Dov. advisory Council on aging	X	
JUDITY H CARLSON	NASW	<u>×</u>	
Dunne Lutke	MAAA Directors Assn	×	
Bobbie Jean Curtis	Mont St Foster Parents	X	
Ceoffing Bivindeen	Mizcert	X	
Stere Walchon	MRCCA	X	
Moely Muno	AARP	X	
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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

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VISITORS' REGISTER

HUMA	N SERVICES SUB COMMITTEE		
BILL NO.	DATE	30, 19	81
SPONSOR	DEPT		
NAME (please print)	Representing	SUPPORT	OPPOSE
Kalli Campledo	Orld Care	X	
Booky Mitchell	Ez. Child Care	X	
Denie Kiikpatrick	Campus Day Care Cente	X	
Mary Vekasi	Child Care_NAEYC	X	
Lori Adams	Child Care NAEYC	X	
Colleen McGuive	Westein Montang College	X	
Jan Shaw	MPCCA/ Ules Resources, Dr	X	
Billie Wartord	Early childhord Phonet		
Errin Kaulon	MSU Student	X	
Jeri Bunter	MSU Student		
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

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