

MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE
MONTANA STATE SENATE

February 11, 1987

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Dorothy Eck on February 11, 1987, at 1 P.m. in Room 410 of the State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF SENATE JOINT RESOLUTION NO. 8: Senator Thomas Keating, District # 44, sponsor of the resolution, described the study conducted by the state on developmentally disabled programs over the last two years. The task force proposed eight resolutions in the bill to provide necessary services to the developmentally disabled, and the bill asks that the legislature endorse the work of the task force in its planning for the future, but it does not ask that the legislature mandate any new programs.

PROPONENTS: Tom Crosser, Budget Analyst, Dept. of Budget Planning, described the seven proposals in SJR 8 as long-term problems to be solved. Budget considerations limit immediate implementing of the proposals, but that should not taint the long-term consideration of them. The proposals are guidelines that the department will try to phase in now as it can in the current budget.

Mr. Crosser stated that he has had the opportunity to visit programs in neighboring states and that Montana is doing better in providing programs. He stated that Boulder's services are now very good, but that trends may force the closing of the Montana Development Center. If the state allows budget problems to delay all the recommendations, the state could end up with greater problems later on. Exhibit #1.

Wallace A. Melcher, Region II Executive Director, Family and Developmental Center, Great Falls, stated that the purpose of the bill is to help the state plan to stay abreast of taking care of Developmentally Disabled persons. He particularly emphasized his concern for severely handicapped, medically involved persons who are growing to adulthood and endorsed implementation of the Task Force's recommendation on Specialized Service and Support Organizations and urged the establishment of this service by supporting the funding for it through the Governor's budget. Exhibit # 2.

Annie Bartos, Helena attorney working with the Naive Offender Program, stated that she has developed a training manual for courts, judges, lawyers and others on case law affecting naive offenders and supports the SJR 8 resolutions in this area.

Brady Gateway, Northern Gateway Enterprises, is in concurrence with the report and advocates its adoption.

Cris Volinkaty, Developmentally Disabled Lobbyist, supports SJR 8.

Gail Gray, Director of Special Education for OPI, concurs in the resolution.

DISCUSSION OF SJR 8: Sen. Himsl: What committment is involved if we endorse the bill?

Ans: Wally Melcher: This does not mandate a financial committment.

Sen. Himsl: The budget is moving up by 20-30% in this area. Do we have the money to embark on all these programs? We should not make a committment to finance at this time.

Ans: The resolution is a step toward the future, a unified proposal on which to proceed. Many of the programs can be started with no additional financial committment.

Sen. Eck: Have you prioritized the items that take dollars? Should you pursue the programs that don't cost extra.

Ans: Tom Crosser: We are changing existing programs and pursuing changes in programs that don't cost extra.

Sen. Eck: On the balance of money going to profoundly disabled vs. the money going to school programs for the developmentally disabled, is it cost effective?

Ans: Gail Gray, OPI: the school costs are extremely expensive, but there are many more developmentally disabled enrolled in school programs than in very severely handicapped programs - 15,000 as opposed to 1200, so more money logically goes to the school. School budgets often have to come up with much of the money for special education. OPI participated in the Task force study to protect the schools.

PROPOSAL TO ADOPT A COMMITTEE BILL: Senator Ethel Harding, District #25, opened the presentation on the proposal by explaining a misunderstanding on her part concerning the drafting of the bill. She said that the bill is necessary to correct current zoning laws in several Montana cities that exclude some day care centers from residential areas, hurting the needs of working mothers and depriving children of a home-like area in which to stay.

DISCUSSION OF THE PROPOSAL: Sen. Himsl: The state Supreme Court has ruled that various kinds of homes cannot be zoned out, like D.D. homes. Do we need to have this bill?

Ans: Barbara Archer, Women's Lobbyist Fund, stated that she has checked with an attorney in Kalispell, who said that the case has nothing to do with the zoning of day care. This is a different issue.

Karen Renne: The issue is different because this is a commercial enterprise, and these other homes are not.

Cathy Campbell, Day Care Task Force, Helena, stated that city zoning laws are a barrier to establishing day care centers in residential areas and that Helena has established a task force to work on this situation. Day care centers have to have a conditional use permit for any day care center over six children and it costs \$375 to apply for this, a barrier for most day care providers.

ACTION ON THE PROPOSAL ON DAY CARE ZONING: Sen. Rassmussen moved to accept the proposal for drafting as a bill. Sen. Jacobson commented that Karen Renne can check on Senator's Himsl's concerns. The motion received a DO NOT PASS with Senators Himsl, Norman, and Hager voting no.

ACTION ON THE PROPOSAL TO ACCEPT PROVIDING THIRD PARTY CARE TO RESIDENTS OF HOTELS, ETC.: Charles Briggs further explained the proposal, stating that the department of Health was concerned that hotel residents who are ill may not be receiving adequate medical attention. Sen. Rassmussen asked why the bill had not been drafted in time. Mr. Briggs said that the people at the Department of Health who were responsible had been ill. Sen. Jacobson moved to accept the proposal as a committee bill. The motion failed.

ACTION ON HOUSE BILL NO. 126: Rep. Addy explained that the amendments had been attached in the wrong place in the House and needed to be moved. Sen. Norman moved that the amendments do pass. The motion received a unanimous DO PASS. Sen. Meyer moved to concur in HB 126 as amended. HB 126 received a unanimous DO PASS. Senator Hager will carry the bill in the Senate.

ACTION ON HOUSE BILL NO. 88: The amendments, suggested by Wm. Leary, MHA, were explained by Karen Renne. The capital replacement funds would equal no more than ten percent of capital assets at the end of a fiscal year.

Sen Norman: Could this stay at no more than a total of ten percent?
Karen Renne: Yes.

Sen. Himsl: The district or hospital district can still include a whole county district. That is still a problem.

Sen. Norman: I suggest changing "district" to "hospital district", and inserting "hospital" before property to read the "hospital's property, plant facilities", etc.

Senator Vaughn moved the amendments as restated. The amendments received a unanimous DO PASS.

Senator Williams moved that HB 88 do pass as amended. HB 88 received a unanimous DO PASS. Senator Williams will carry the bill in the Senate.

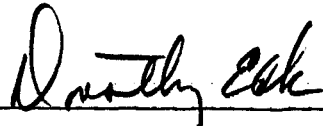
FURTHER CONSIDERATION OF SJR 8: Karen Renne stated that amendments to sections 1,2,4, and 8 are possible and that the intent of the legislature is not to fund added services at this time.

Sen. Himsl: Are we making a commitment here, for example, to change EastMont from a youth to an aged facility? This should not be a binding commitment on the legislature.

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AND SAFETY COMMITTEE
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Sen. Rasmussen: would Karen Renne draft legislation on the intent
of the committee?

The meeting adjourned at 2:45.



CHAIRMAN

ROLL CALL

Public Health, Welfare and Safety COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date 2-11-87

NAME	PRESENT	ABSENT	EXCUSED
Dorothy Eck	X		
Bill Norman	X		
Bob Williams	X		
Darryl Meyer	X		
Eleanor Vaughn	X		
Tom Rasmussen	X		
Judy Jacobson	X		
Harry H. "Doc" McLane	X		
Matt Himsl	X		
Tom Hager	X		

Each day attach to minutes.

DATE 2-11-87

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Barbara Archer	Women's Lobbyist Fund			
Bill Sirak	Easter Seal			
Rhona Wheeler	STEP, Billings	SJR 8	✓	
Yves C. Olson	WEST MONT HELENA	SJR 8	✓	
William A. Mahan	Region II Child, Family & Falls	SJR 8	✓	
Jean Jerome	Reg II Child & Family Gr. E.	SJR 8	✓	
Barbara A. Lawrence	" " "	"	✓	
Lat Beer	" " " "	SJR 8	✓	
Best Jensen	" " " "	SJR 8	✓	
Tom Crossen	OBPD	SJR 8	✓	
Brake Mill	MAIDS	SJR 8	✓	
Chris Ardison	Developmental Plan, Task Force	SJR 8	✓	
Denise M. Taylor	DDA/SRS	SJR 8	✓	
Jack Jay	WPA	SJR 8	✓	
Kathi Campbell	Family Resources & Group	child care draft	✓	
Mary Zastrow	Day Care Home	child care draft	✓	
ANNIE BARLOS	NAIVE OFFENDER PROGRAM		✓	
Uis Volinickaty	DD Lobbyist	SJR 8	✓	
Dina Sands	Women's Lobbyist Fund			

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SJR 8 is an outgrowth of work done by the Developmental Planning Taskforce

^{Just} In March, ~~1986~~, the Developmental Disabilities Planning and Advisory Council ^{of} (DDPAC) created the Developmental Planning Task Force. The Task Force's primary mission is to determine what the unmet needs of Montana's DD population are and how these needs can best be met.

The ~~Developmental Planning~~ Task Force is a nine-member committee appointed by DDPAC. Members represent a broad spectrum of interests and backgrounds, with most possessing extensive experience in, or knowledge of, developmental disabilities.

Other Members include:

~~Myself~~ ^{serve as} ~~2 year~~ ^{appointed} Chairman of the Taskforce

Representative Francis Bardanouve

Gail Gray, Office of Public Instruction,

Richard Heard, Montana Developmental Center,

Jerry Hoover, Department of Institutions,

Senator Thomas Keating, Montana Senate,

Gary Marbut, DDPAC,

Dennis Taylor, SRS

Rena Wheeler, Special Training for Exceptional People,

Chrys Anderson, an independent consultant, provides administrative and technical assistance to the Task Force. Many individuals and organizations throughout the state provided crucial information on which many of the Task Force recommendations are based.

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After extensive work gathering and interpreting information about the state's ~~developmentally disabled~~^{DD} population, the Task Force formulated seven recommendations. These recommendations are the long-term answer to the question "how do we best meet the needs of the unserved and underserved ~~developmentally disabled~~^{DD} population in the State of Montana?".

Mention Report

Six of these recommendations are addressed in this Resolution. The Task Force recommendations are: The seventh is a proposal

1. ^{to} Consolidate all services for persons with developmental disabilities under a single administrative authority.

(this recommendation is contained in a separate Joint Resolution)

2. Develop supported work services for citizens with severe disabilities.

3. Establish services to fill gaps in the current service delivery system. There is a need to develop specialized service and support organizations, supported living services, adult congregate living services and additional group homes. Also, new and perfected programs must be established to serve older citizens with developmental disabilities and those with intensive medical and behavioral needs.

* The Montana Developmental Center at Boulder is considered an integral part of this service delivery system and should be given the specific mission of providing intensive services to persons with severe behavior, medical or care needs. In addition, the Center should provide programs to deal with naive offenders and offer professional resource assistance to community-based DD

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SENATE HEALTH & WELFARE

EXHIBIT NO. 1

DATE 2-11-87

BILL NO. SJR 8

service programs.

Eastmont Human Services Center should become an exemplary geriatric program for Montana's senior citizens with developmental disabilities.

4. Improvements should be made in community services in the areas of case management, respite care, and staff training. In addition, independent review of community placement and treatment should be initiated.

5. The Developmental Disabilities Division of the Department of Social and Rehabilitation Services should be designated as the lead agency for a new state grant program for handicapped infants and children.

6. The public should be educated about ~~of~~ naive offenders. Policies and procedures should be implemented to identify and treat these disabled citizen.

7. Services should be expanded to meet the needs of all Montana citizens with developmental disabilities.

COM. HEALTH & WELFARE
EXHIBIT NO. 1
DATE 2-11-87
BILL NO. SJR 8

Although current budget problems will impede progress in this area, the long-term objectives can be phased gradually to minimize immediate costs, while maintaining the integrity of the proposed system.

SJR 8 presents what I believe to be the roadmap for future development of our DD service delivery system. The recommendations of the taskforce are not cast in stone. They do represent a major, unified step towards the future. With continued hard work by those involved in DD services, positive progress will occur.

There are several people here to testify on specific elements of the Resolution -

Members of the taskforce are also here to answer any questions you might have.

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 2-11-87
BILL NO. SJR 8

Testimony on Specialized Service and Support
Organization

I applaud the research and support the recommendations of the Developmental Planning Task Force. Montana needs activities such as this to stay abreast of the dynamic needs of its developmentally disabled citizens and to make constant efforts to improve its methods for serving these persons. As the old saying goes "If we fail to plan, we plan to fail".

I had the privilege of testifying in front of the Task Force regarding a variety of issues affecting the present and future services that the State of Montana provides to developmentally disabled people. I was particularly interested in the Task Force's work in the area of residential services. Montana currently provides an array of residential services that is a model for other States. This system provides residential support for persons ranging from individuals who have severe multiple handicaps and require a great deal of assistance to persons who are quite personally and socially independent and require nothing more than perhaps a weekly contact to learn sophisticated community living skills.

A particular residential need that the Task Force addressed belongs to a group of individuals who have significant deficits in basic self-help skills requiring an intensive level of staff time to accomplish their daily activities. This group of individuals also has frequent and/or serious medical conditions that require qualified and consistent monitoring and intervention. In our agency we currently serve a number of children who fall into this category of need. These children are receiving services under a program known as Specialized Family Care. Briefly, this service involves the provision of specialized resources such as extended respite, specialized therapy and equipment and case management to these children and their families. In situations where the family can no longer maintain the child at home, Specialized Family Care provides specially trained Foster parents who assume a surrogate parenting role. We are pleased to announce that this service is producing very effective results. Specifically, the service is allowing these children to remain in typical home and family environments in spite of their intensive needs. The alternative for these youngsters would most certainly, in many cases, be institutionalization.

In spite of the success of our Specialized Family Care program, however, we still have some serious concerns. These concerns center around the gap in our service system that exists for these children as they get older and larger.

While these children do suffer from some severe handicapping conditions, many of them are growing at a near normal physical rate. When these children reach young adulthood it will be extremely difficult, in many cases, for them to remain in a typical family environment. It is also unreasonable for society to expect that the parents of these children should bear the burden of their care on an indefinite, life-long basis. So what are the options? The current Community Home System for developmentally disabled persons in Montana, while highly sophisticated, is not prepared to care for severely handicapped, medically involved persons. Therefore, the only choices currently are nursing homes or state institutions. Both of these choices are very costly and unnecessarily restrictive.

The Developmental Planning Task Force report and the Governor's budget both contain a very desirable solution to this problem in the form of the Specialized Service and Support Organization. This service organization is designed to provide both residential and day programs for the persons I have been describing. These programs would have an intensive level of staffing and would employ professionals who are qualified to provide specialized habilitation, therapy and medical care. The residential services would provide a small home and family-like environment staffed by an adequate number of qualified persons.

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DATE 11-87
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In my opinion this is the optimal choice for serving these individuals. I strongly urge the committee to accept and endorse the Task Force's recommendation regarding Specialized Service and Support Organizations and to facilitate the establishment of this service by supporting the funding for it through the Governor's budget.

DEPARTMENT OF HEALTH & WELFARE

EXHIBIT NO. 2

DATE 2-11-87

SIGNATURE JAS

Wallace A. Melcher
Executive Director
Region II Child and Family Services
600 6th Street N.W.
Great Falls, MT 59404

STANDING COMMITTEE REPORT

20170448

February 11, 1967

MR. PRESIDENT

Public Health, Welfare, and Safety

We, your committee on

HOUSE BILL

30

having had under consideration

title

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AUTHORITY RESERVE FUND FOR HOSPITALS

Report of the committee on Public Health, Welfare, and Safety

on **HOUSE BILL NO. 701**

1. **Section 1.**

Existing law is amended

to read: "Section 1. A special fund to be known as the **CAPITAL REPAIR FUND**

2. **Section 2.** There is hereby established

thereof (1)

3. **Section 3.** There is hereby established

thereof (1) A special fund to be known as the **CAPITAL REPAIR FUND** to be administered by the State Department of Health and Welfare. The purpose of the fund is to provide for the repair and maintenance of the capital equipment of hospitals.

REPORT AS AMENDED,
BE CONCURRED IN

DO NOT

DO NOT PASS

HOUSE BILL NO. 701

Continued

STANDING COMMITTEE REPORT

SCRB176

.....February 11,..... 1987.....

MR. PRESIDENT

Health, Welfare, and Safety

We, your committee on.....

House Bill 126

having had under consideration..... No.....

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OLDER MONTANANS ACT

Respectfully report as follows: That.....~~House Bill~~..... No...126.....

BE AMENDED AS FOLLOWS:

1. Page 3, lines 3 and 4.

Following: "provided"

Strike: remainder of line 3 through "The" on line 4

Insert: ". Subject to available funding, the"

2. Page 3, line 10.

Following: "services"

Strike: "SUBJECT TO AVAILABLE FUNDING"

AND AS AMENDED,
BE CONCURRED IN

DO PASS

DO NOT PASS

.....
Chairman.

Senator Dot