

## MINUTES

### MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

#### SUBCOMMITTEE ON INSTITUTIONS

Call to Order: By Rep. William Menahan, on January 24,  
1989, at 8:00 a.m.

#### ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Taryn Purdy, Associate Fiscal Analyst

Announcements/Discussion: Hearing - Montana State Hospital

Curt Chisholm, Director, Dept. of Institutions, gave an explanation of the budget needs of the Montana State Hospital. With him were Superintendent of the State Hospital, Jane Edwards, Business manager for the State Hospital, Keith Wilson and staff member Tom McCarthy, as well as Bob Anderson, Administrator Treatment Services Div. Montana State Hospital is a critical cog in that whole mental health treatment system. The State Hospital consists of two campus operations, Galen and Warm Springs. In 1981 they consolidated the functions of Galen State Hospital and Warm Springs State Hospital into what is now referred to as Montana State Hospital. The Warm Springs campus consists of six treatment unit programs which constitute the state's in-patient psychiatric treatment facility. Galen supports a 33 bed acute hospital, 185 bed long term care facility and chemical dependency treatment program and alcohol services center.

Jane Edwards, Superintendent of the State Hospital also explained the campuses and commented on the care of the seriously mentally ill. Each of the six treatment units on the Warm Springs campus is designed to meet specific needs of the patients. The intake unit is the unit for the admission and initial evaluation of persons committed voluntarily, by civil involuntary commitment, or by emergency detention. The average length of stay in the intake unit is ten days at which time the patients are assigned to one of the active treatment units for completion

of their hospitalization. The two active treatment units are the intensive treatment unit and the extended treatment unit. These units are for patients in need of intensive therapy programs who are likely to leave the hospital during the 90 day involuntary period or sooner. The extended treatment unit is for patients who require a long term treatment starting with emphasis on activity therapy programs, where the patient learns to participate in group programs which are not as intensive and threatening to the patient.

In the pre-release unit the intent is for completion of discharge planning services as the major liaison between community mental health centers and the hospital in assisting patients to leave and participate in programs after leaving. The long term care unit on the Warm Springs campus is a fully licensed intermediate care facility under the Medicaid program. This care unit provides nursing home care for the aged patient with psychiatric problems. The forensic treatment facility is a new \$6,000,000 facility which was occupied in September. The primary purpose of the forensic treatment facility is to provide direct admission to persons committed under the Criminal Court Statutes, most usually pre-trial evaluation. The forensic unit provides care, custody and treatment for persons who have been declared unfit to proceed, not guilty by reason of mental illness or have been found guilty but are mentally ill and are sentenced to the state hospital. The forensic treatment facility also provides treatment for aggressive dangerous patients within the hospital complex until their condition is stabilized and they are again ready to go out into the general population.

The Galen campus provides treatment and rehabilitation in four areas. The acute hospital unit is a 32 bed fully licensed facility and the patients are eligible for Medicaid in that program. This hospital provides medical treatment and nursing care for the physically ill from the Warm Springs and Galen campuses, and also provides medical treatment for persons admitted with acute symptoms of alcohol and drug withdrawal, persons who require detoxification and on a limited basis for persons admitted with active tuberculosis and chronic lung disease. They no longer do any surgery at Galen. Persons requiring surgery are sent from the acute hospital to the community and then returned to the acute hospital for follow-up care prior to being sent into one of the treatment units. Also at Galen is a fully licensed intermediate care facility which provides medical management and nursing care for patients transferred from the Warm Springs campus who are still

seriously mentally ill but their primary problem is medical requiring long term and continuing medical monitoring. Occasionally the nursing home facility at Galen houses inmates from Montana State Prison. They also get transfers from Center for the Aged and then direct admissions from the community. Persons in the nursing home on the Galen campus generally are persons who are unable to be transferred to other nursing home settings due to unpredictable aggressive behavior and also the intensity of care required. Many of them require one to one total care.

The other two programs on the Galen campus are active treatment and rehabilitation for persons afflicted with chemical abuse. They have an alcohol service center at Galen and the Light House Drug program. The latter program is unique in the state of Montana because it offers treatment and rehabilitation for a 90 day period while most programs are 28 days. The alcohol program is 28 days.

Critical issues facing Montana State Hospital are recruitment and retention of professional positions. She was notified last Friday that four RNs will be leaving shortly and also this week have lost their clinical director. Major reason for the difficulty in recruitment and retention is that the salaries offered are not competitive with surrounding areas nor with any area within the state. In most cases they are not competitive with similar institutions in nearby states. A second issue facing the hospital that will have significant impact is the new nursing home regulations which they are faced with under OBRA which require that nurse aide training and certification programs be in place, that any nurse aide employee must be certified in the state of Montana within four months of employment. This will require a major training program to be instituted at the hospital. OBRA also requires a quality assurance program in the nursing home area and other significant care requirements that are going to demand more and better trained staff.

Taryn directed the committee to page D65 in the manual under Montana State Hospital and gave the comparison of the executive budget and current level. See Exhibit 1. Vacancy savings added in the LFA current level is over \$700,000 per year and in the executive is over \$350,000 per year. Five FTE Pharmacy positions are deleted from the current level and personal services were reduced from current level are approximately \$125,000. Under operating expenses the executive has added funds for an expected increase in the average daily population of the Forensics

Unit.

Curt Chisholm referred to the work sheet and personal services. He discussed some of the problems, such as salaries for on call coverage by the psychiatrists at the hospital. He also mentioned that they accrue large amounts of comp time. If they quit to take another position the state has to cash them out. He also mentioned a federal physicians replacement program wherein psychiatrist residents owe the government for money they borrowed to complete their psychiatric training. In about a year two of them working as full time psychiatrists at the hospital will have paid off their debt to the government and they can go at that time anywhere they want.

The same dilemma he has alluded to in the psychiatric staff is also a problem for them in other professional fields, particularly psychiatric nurses, PhD level psychologists and occupational therapists. Certain professional categories within all the institutions are a very acute problem and at Montana State Hospital the salaries are preventing them from recruiting and retaining these people. They are the key to the treatment needs they have at Montana State Hospital.

Equity issues are raised if new nurses are started at a higher pay scale under a pay plan exception. Nurses who have been working for several years would like to come up to the same level as someone hired under a pay plan exception.

Rep. Menahan and Rep. Peterson asked questions about the higher pay plan, the average salary of a nurse, and the fact that the Personnel Div. does not recognize the problems. Jane Edwards answered questions concerning the nurses' pay. Rep. Peterson asked what the worst scenario could be, if they were unable to hire the necessary professional positions. Curt responded that they have to provide care and custody and make sure their environment is clean. However, without treatment they would then be in violation of the provisions of the Mental Health Act.

Rep. Menahan stated the staff that is there is doing a very excellent job and this should be brought out here. He stated that in answer to the worst scenario we are almost there now. Rep. Grady stated that the committee is going to have to go to the Administration with a budget that is

realistic and he realizes the Administration wants to hold the line but he feels there is a crisis and feels this has to be addressed. He feels this committee should start to try to rectify this problem.

Jane Edwards stated her primary concern is not increasing authorized levels of staff but it is in filling those authorized positions and retaining qualified employees. At this point the psychiatrist situation is critical but she also feels the registered nurse situation is just as critical. She feels they can provide adequate treatment with no increase in the professional staff, but that they have to address the pay plan issue so they can start repaying the qualified loyal competent employees and recruit to fill positions.

Sen. Harding asked about the level of pay and why we are so far under the private sector. Jane Edwards responded that the pay levels have not been revamped and that while the private sector has grown in terms of salaries and benefits the state has stayed status quo. Sen. Harding then asked what salary the good quality nurse would accept. Jane remarked that they would have to look at a starting salary of \$10.00 an hour.

Wilbur Rehmann, who represents the Montana Nurses' Assoc., spoke about nurses' pay. He passed out Exhibit 2, comparison of Montana State Hospital wages with competitive private sector wages. He then passed out a report indicating a nursing shortage and that it will be a reality. The Dept. of Labor states 3,000 more nurses will be needed in the next 12 years in Montana. That is the driving force behind the professional salaries for nurses. He also passed out exhibit 4, Montana Nurses' Assoc. testimony on Montana State Hospital. He cited the conditions of the physical plant at Montana State Hospital as being in very bad shape that the pay plan does not address. The problems are recruiting and retaining. They can receive more benefits in Butte or Anaconda hospitals for less stressful work. There are high risk situations for staff.

Sen. Harding asked where LPNs and nurses' aides fit into the certification for the State Hospital. Jane Edwards stated that in not just nursing but other areas as well they are unable to fill positions with a qualified person. They then need to rely more heavily on a less qualified person to carry out some of the job responsibilities. They have to stay in compliance with licensure status and the

Nurse Practice Act.

Sen. Aklestad asked if the sheet (Exhibit 2) that was handed out reflected the benefits on both sides, the state hospitals and the private hospital. Mr. Rehmann stated he did not compute the fringe benefits per se. The one benefit is the shift differential and the state does not provide even that. The State Health Insurance Center in negotiations with the Dept. of Administration this year is saying that the insurance plan with the state may be reduced in terms of the amount of benefits available.

Sen. Harding asked how many registered nurses we have to have in order to qualify for the hospital certification. Ms. Edwards replied it was her opinion they need the full authorized complement of registered nurses. They have done a considerable patient classification study and staff and analysis study and at the full positions which are 43.9 they could provide adequate registered nurse coverage. Sen. Harding asked what the figure was on the nurses' aides and how they fit into the picture. Ms. Edwards stated that currently they have 56.8 authorized at the Galen campus. There are also 187.2 psychiatric aides or special duty aides assigned to the Warm Springs campus. Sen. Harding asked if they have a problem getting these people at the pay that we're paying them. Ms. Edwards stated that at the present time they have not had a recruiting problem with their aides, part of which is due to the economic condition in that area. They have a pre-employment orientation program where they train persons to become aides and they are on standby if a position becomes vacant. The LPNs still have been fairly well recruited.

Rep. Menahan mentioned that Bozeman had cut back on the nursing program in the University System. Sen. Harding stated that she would like to mention to Ms. Edwards that the modified budget includes the training for those nurses' aides. Ms. Edwards stated the other thing she tried to get included in the modified OBRA were 19 additional aide positions because of the increased requirements in the nursing home for rehabilitation programs and maintenance programs that are going to require much more staff.

Mary LaFond from OBPP showed the changes she has made and are reflected in Taryn's numbers. She passed out Exhibit 5 with highlighted areas.

Sen. Bengtson asked what the reasons were for reducing operating expenses in the executive budget Mary LaFond answered that they had the vacancy savings to cover their costs.

Rep. Menahan stated that Curt had stated that the Personnel Dept. has been flexible and their job was to direct this legislative body of what was going on in some of these positions. Granted there is flexibility but it causes a personnel problem and that just shows the ineffectiveness of the Personnel Dept.

Operating Expenses: Curt Chisholm said Taryn had listed the issues and within all of that they have taken care of the HPI and they would like to recommend the executive budget level because it gives them a little more money. He mentioned that repair and maintenance had been reduced in both current level and the executive budget.

Taryn explained that the hospital had overextended repair and maintenance by approximately \$40,000 over the appropriation. Rep. Grady asked if she took into consideration the inflation rate. She did not believe the executive added an inflation rate on repair and maintenance and therefore it was not reflected.

Tom McCarthy, from Montana State Hospital made comments concerning money to repair and replace things that have gone, citing patching and breakdowns. Rep. Menahan asked if they put in for this in their requests. Ms. Edwards said yes they did. She mentioned one of the reasons repairs and maintenance went up was the increasing requirements during Medicaid, Medicare surveys. New things are now required in every survey and they are required to do some major repair maintenance which is escalating the costs in the budget.

Rep. Grady asked where the line is drawn between what is in long range building. Rep. Menahan mentioned that \$25,000 or over goes into long range building.

Tom McCarthy mentioned the vehicle problems, that they don't have many dependable vehicles, and that a lot of money is put into those vehicles for repair. They could be looking at a serious liability.

Keith Wilson gave some figures projecting a short fall of about \$38,000 in repair and maintenance. Rep. Grady talked about looking into the state motor pool as they mentioned before. Mr. McCarthy explained they have been offered vehicles for sale by the motor pool but they can get a better buy elsewhere.

Terry Minow, who represents the Montana Federation of Teachers and Montana Federation of State employees, including the Warm Springs Professional Employees' Federation, the Warm Springs State Hospital Independent Union and the Warm Springs LPN Association, made three specific requests: that the committee adequately fund this budget, and address the problem of under staffing, that every member of the subcommittee take a good look at Rep. Menahan's pay plan bill and support that bill. That bill will address this problem of recruitment by implementing a separate pay plan for state employees in the Dept. of Institutions, and that the subcommittee stand firm and take the 0 percent vacancy savings policy.

Steve Waldron, representing Montana Community Mental Health Centers, testified for the staff at the Montana State Hospital. He supports the state hospital and urges the committee to look at the funding needs.

Rep. Menahan and Sen. Aklestad suggested someone from the Dept. of Health should come in and address the committee concerning medicaid inspections.

## ADJOURNMENT

Adjournment At: 9:45 a.m.

  
REP. WILLIAM MENAHAN, Chairman



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Exhibit 2

COMPARISON OF MONTANA STATE HOSPITAL WAGES WITH COMPETITIVE PRIVATE SECTOR WAGES.

<u>MONTANA STATE HOSPITAL (Grade 13) -</u>	<u>Prccation</u> <u>\$8.69</u>	<u>Tcp</u> <u>\$12.09</u>	<u>Shift</u> <u>-0-</u>
MISSOULA ST. PATRICKS' HOSPITAL -	\$10.84 - \$11.22	\$14.60 - \$15.11	.45/.85
MISSOULA COMMUNITY HOSPITAL -	\$10.80 - \$11.18	\$14.55 - \$15.06	.45/.80
BUTTE ST. JAMES HOSPITAL (in negotiation) -	\$10.35	\$12.50	.50/.75
ANACONDA COMMUNITY HOSPITAL -	\$10.45 - \$10.77	\$13.43 - \$13.75	.30/.40
BOZEMAN DEACONESS HOSPITAL (in negotiation) -	<del>\$10.80</del> 10.80	<del>\$13.40</del> 13.10	.40/.75
NORTHERN MONTANA HOSPITAL HAVRE -	\$10.50 - \$11.02	\$12.80 - \$13.41	.50/.65

Montana State Hospital at Warm Springs/Galen is well below the average competitive wages in the region and the MSH does not offer any shift differential.



## REPORTS INDICATE NURSING SHORTAGE WILL BE A REALITY

The shortage of nurses has been a topic of great concern, both nationwide and in Montana. A recent Nursing Supply survey, administered by the Montana Hospital Association, showed that the nursing shortage is less severe in Montana (8.9% vacancy rate) than nationwide (11.3% vacancy rate). However, the crisis may be looming ahead as the Montana Department of Labor and Industry projected that 3000 more nurses will be needed in the next 12 years.

National nursing data is now available from The Nursing Report, excerpted from the Sixth Report to the President and the Congress on the Status of Health Personnel in the United States, June, 1988. It analyzes recent developments in the supply, geographic and specialty distribution, and education of the nation's nursing personnel. It also provides an assessment of the supply and requirements of nursing personnel for the years 2000, 2010, and 2020. The report included the following chart of full-time equivalent supply and requirements projections for nursing:

	Year 2000	Year 2010	Year 2020
Associate degree/diploma			
Supply	1,027,500	983,500	856,100
Requirements	586,000	794,000	855,300
Baccalaureate			
Supply	596,600	656,500	635,500
Requirements	853,800	1,385,300	1,754,300
Master's and doctorate			
Supply	174,900	250,400	314,900
Requirements	577,100	531,800	822,200

The report noted that "these data indicate that the imbalances between the supply and requirements noted for the future occur for registered nurses (RNs) with baccalaureate and higher degrees. While the projected supply of associate degree/diploma nurses is significantly higher than the requirements for the year 2000, by 2020 the supply and requirements are about equal. Requirements for baccalaureate graduates, however, in the year 2000 are 43 percent higher than the projected supply. By 2020, the requirements were almost three times higher than the supply. For nurses with graduate degrees, the requirements were almost three times higher than the supply for all three years."

The report's findings concluded that there is an increased demand for RNs in hospitals, along with problems of recruitment and retention. Data have also shown chronic deficits in skilled nursing personnel in nursing homes. Indications for the future show that educational programs preparing individuals for practice as RNs face declines in enrollments. In addition, it is anticipated that there will be a decline in the participation in the nurse work force brought about by the increasing aging of the nurse population.

Copies of the Nursing Report (Accession No. HRP 0907204) may be purchased for \$22.95 (which includes shipping and handling) from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia, 22161. (703) 487-4650.

*Exhibit 4*

MONTANA NURSES' ASSOCIATION  
BOX 5718  
HELENA, MT 59604

TESTIMONY ON MONTANA STATE HOSPITAL

JANUARY, 1989

Mr. Chairman, and members of the Committee, my name is Wilbur W. Rehmann, Labor Relations Director for the Montana Nurses' Association, a 1,300 member professional labor organization with 17 collective bargaining units in hospitals all across the state. The Montana Nurses' Association represents professional Registered Nurses at the Montana State Hospital, at both the Warm Springs and Galen Campuses.

Mr. Chairman, the State of Montana is facing a crisis in care at Montana State Hospital, the Department of Institutions has been the poor child of state agencies for the past 8 years.

Unfortunately the proposed budget of Governor Stan Stephens continues this disasterous trend. I say disasterous because if the Governors budget for Institutions is allowed to stand the State of Montana is heading into a period of continued lawsuits from patient advocates because of short-staffing and staff burnout and this, coupled with the potential loss of federal Medicaid funding will make the horrors of 18th Century English Insane Asylums look like a picnic.

The MNA Local Unit of professional Registered Nurses at the Montanan State Hospital suffers from some of the lowest salaries in the State for professional Registered Nurses. The State Hospital wage scale is approximately \$2 to \$3 **below** the prevailing wage in Butte, Anaconda, Missoula, Bozeman, Helena and the Governors hometown of Havre (Attached Appendix A explains the comparison). It is no wonder that professionals are leaving the institution and more importantly no new ones are coming to replace those who are leaving.

According to the MNA Local Unit Chair, Gloria Paddock, RN, there are currently 6.5 RN vacancies at the hospital. Two of the RN's leaving have taken jobs at neighboring healthcare facilities, one at Rivendell in Butte, a hospital with an emotionally disturbed youth and chemical dependency unit where starting salaries are \$12.50 an hour (State Hospital \$8.09 start) and the other to a long-term care facility with low stress and low risk work. But, the 6.5 professional Registered Nurse vacancies are only the tip of the iceberg, by the end of February the total professional Registered Nurse vacancy rate based on four more RNs submitting resignations is predicted to be 10.5 and could go higher.

Not only are the wages tragically low at the State Hospital,

but it is currently the only hospital, that I know of in the state, that does not pay its professional employees an average of \$.50 an hour shift differential for evening shift and \$.80 an hour for night shift. Why not? Doesn't the State of Montana want well-qualified, highly skilled and motivated professional employees? Doesn't it want a high-standard of professional nursing care for its patients? Members of the committee, I submit to you that a 1% to 3% adjustment to the pay plan with no shift differentials is absolutely and totally inadequate to attract and maintain a high quality professional nursing staff.

Low pay, few fringe benefits and a case load that isn't treating measles or mumps, nursing care at Montana State Hospital involves high risk care. Risk of sometimes violent physical threat to safety, risk of contagious diseases for which there is no known cure such as AIDS or HIV, risk of emotional overload because of the seeming hopelessness of certain mental illnesses-- working at the hospital is putting yourself at constant risk.

Burn-out, emotional and financial burn-out, that's the real problem at Montana State Hospital and something needs to be done -- now, by this Legislature and this Governor.

Professional nurses at the State Hospital are not asking for the moon, they're just asking to receive the respect, support and reward that nurses in the private sector receive. If they don't get those things then as sure as the day is long they will not continue working under the current conditions. The state pay plan is not working, we need better wages and we need a shift differential just like every other hospital in Montana.

Professional Registered Nurses are carrying out your mandate for care, please make it of the highest quality available, they are working for you and taking the risks for you.

Respectfully submitted,

Wilbur W. Rehmann  
Labor Relations Director

January 24 1989

Montana State Hospital

Benefits were not applied to Overtime, Holdays Overtime and Differential. OBPP agreed to add \$127,949 FY90 and \$131,107 in FY91 to the 1400 Employee Benefits category.

This committee has approved the HPI contract with the OBPP position of reducing the base 5% and applying inflation to the Drug category.

The highlighted lines indicate where the changes are from the previous submitted budget for the Montana State Hospital.

	EXEC FY90	LFA FY90	DIF FY90	EXEC FY91	LFA FY91	DIF FY91
Salaries	7,363,214	7,476,962	-113,748	7,363,214	7,476,962	-113,748
Overtime	185,776	185,776		185,776	185,776	
Differential Pay	49,391	27,084	22,307	49,392	27,084	22,308
Longevity	106,731	106,731		116,982	116,982	
Holidays Worked	239,836		239,836	263,819		263,819
Employee Benefits	1,883,174	1,909,113	-25,939	1,929,999	1,956,541	-26,542
Health Insurance	503,700	510,600	-6,900	503,700	510,600	-6,900
Vacancy Savings	-194,577	-394,877	200,300	-195,656	-396,770	201,114
1800		276,037	-276,037		300,020	-300,020
Total Level	10,137,245	10,097,426	39,819	10,217,226	10,177,195	40,031
Contr Serv-Infla	725	725		1,449	1,449	
Supp/Matls-Infla	97,200	94,991	2,209	145,006	141,621	3,385
Commun-Infla	-1,404	-663	-741	-816	-622	-194
Utilities-Infla	99,527	99,527		137,299	137,299	
Goods for Resale	10	10		9	-9	18
Contr Serv	550,912	290,891	260,021	569,105	295,960	273,145
Supplies/Matls	1,481,084	1,399,000	82,084	1,481,084	1,399,000	82,084
Communication	163,120	160,655	2,465	163,120	160,655	2,465
Travel	35,522	35,397	125	35,522	35,397	125
Rent	22,088	22,088		22,088	22,088	
Utilities	746,150	746,150		746,150	746,150	
Repair & Maint	186,756	192,785	-6,029	186,756	192,785	-6,029
Other Expenses	30,231	17,111	13,120	30,231	17,042	13,189
Goods/Resale	137,980	137,980		137,980	137,980	
Total Level	3,549,901	3,196,647	353,254	3,654,983	3,286,795	368,188
Equipment	30,000	57,016	-27,016	30,000	57,016	-27,016
General Fund	11,966,535	11,600,478		12,150,991	11,769,788	
Alcohol Trtmt	1,595,601	1,595,601		1,595,601	1,595,601	
MSH Canteen	145,304	145,304		145,817	145,817	
MSH Donations	7,221	7,221		7,235	7,235	
Warm Springs Hosp	2,174	2,174		2,254	2,254	
MSH Interest/Incme	311	311		311	311	
Total Program	13,717,146	13,351,089	366,057	13,902,209	13,521,006	381,203

REPORT EBSR99  
DATE : 01/03/89  
TIME : 10/53/01

OFFICE OF BUDGET & PROGRAM PLANNING  
EXECUTIVE BUDGET SYSTEM  
AGENCY/PROGRAM/CONTROL -- BUDGET DETAIL COMPARISONS

PAGE 632

AGENCY : 6412 MONTANA STATE HOSPITAL  
PROGRAM : 44 TREATMENT SERVICES  
CONTROL : 00000

AE/OE	DESCRIPTION	ACTUAL FY 88	BUDGET FY 89	EXEC FY 90	LFA FY 90	DIFF FY 90	CURRENT LEVEL SERVICES ONLY		
							EXEC FY 91	LFA FY 91	DIFF FY 91
0000	FULL TIME EQUIVALENT (FTE)	705.46	720.00	362.10	367.10	-5.00	362.10	367.10	-5.00
1100	SALARIES	12,345,876.81	14,035,845	7,363,214	7,476,962	-113,748	7,363,214	7,476,962	-113,748
1102	OVERTIME	185,776.02		185,776	185,776		185,776	185,776	
1112	DIFFERENTIAL PAY	27,084.02		49,391	27,084	22,307	49,392	27,084	22,308
1113	LONGEVITY	150,803.05		106,731	106,731		116,982	116,982	
1114	HOLIDAYS WORKED	215,851.68		239,836		239,836	263,819		263,819
1200	HOURLY WAGES	149.08							
1400	EMPLOYEE BENEFITS	4,593,820.81	4,147,866	1,755,225	1,909,113	-153,888	1,798,892	1,956,541	-157,649
1500	HEALTH INSURANCE		999,120	503,700	510,600	-6,900	503,700	510,600	-6,900
1600	VACANCY SAVINGS		-630,158	-194,577	-394,877	200,300	-195,656	-396,770	201,114
1800					276,037	-276,037		300,020	-300,020
	TOTAL LEVEL	17,519,361.47	18,552,673	10,009,296	10,097,426	-88,130	10,086,119	10,177,195	-91,076
2000	OPERATING EXPENSES		-8,000						
2021	CONTRACTED SERVICES-INFLATI			725	725		1,449	1,449	
2022	SUPPLIES & MATERIALS-INFLAT			97,200	94,991	2,209	145,006	141,621	3,385
2023	COMMUNICATIONS-INFLATION			-1,404	-663	-741	-816	-622	-194
2026	UTILITIES-INFLATION			99,527	99,527		137,299	137,299	
2029	GOODS PURCH. RESALE-INFLATI			10	10		9	-9	18
2100	CONTRACTED SERVICES	638,085.28	294,162	550,912	290,891	260,021	569,105	295,960	273,145
2200	SUPPLIES & MATERIALS	1,373,706.20	1,449,870	1,468,320	1,399,000	69,320	1,468,320	1,399,000	69,320
2300	COMMUNICATIONS	162,151.99	156,648	163,120	160,655	2,465	163,120	160,655	2,465
2400	TRAVEL	36,131.72	37,488	35,522	35,397	125	35,522	35,397	125
2500	RENT	22,649.54	18,068	22,088	22,088		22,088	22,088	
2600	UTILITIES	746,150.03	1,018,299	746,150	746,150		746,150	746,150	
2700	REPAIR & MAINTENANCE	257,809.84	192,787	186,756	192,785	-6,029	186,756	192,785	-6,029
2800	OTHER EXPENSES	31,715.33	20,259	30,231	17,111	13,120	30,231	17,042	13,189
2900	GOODS PURCHASED FOR RESALE	126,586.60	110,011	137,980	137,980		137,980	137,980	
	TOTAL LEVEL	3,394,986.53	3,289,592	3,537,137	3,196,647	340,490	3,642,219	3,286,795	355,424
3100	EQUIPMENT	114,474.22	30,000	30,000	57,016	-27,016	30,000	57,016	-27,016
	TOTAL LEVEL	114,474.22	30,000	30,000	57,016	-27,016	30,000	57,016	-27,016
	TOTAL PROGRAM	21,028,822.22	21,872,265	13,576,433	13,351,089	225,344	13,758,338	13,521,006	237,332
01100	GENERAL FUND	19,284,239.02	20,146,957	11,825,822	11,600,478	225,344	12,007,120	11,769,788	237,332
02034	ALCOHOLISM TREATMENT-REHAB	1,595,600.24	1,595,609	1,595,601	1,595,601		1,595,601	1,595,601	
02921	MSH-CANTEEN	135,866.05	108,924	145,304	145,304		145,817	145,817	
02929	MSH-DONATIONS	7,199.01	17,000	7,221	7,235		7,235	7,235	
03115	WARM SPRINGS STATE HOSPITAL	5,607.02	2,644	2,174	2,174		2,254	2,254	
03933	MSH-INTEREST & INCOME	310.88	1,131	311	311		311	311	
	TOTAL PROGRAM	21,028,822.22	21,872,265	13,576,433	13,351,089	225,344	13,758,338	13,521,006	237,332

WITNESS STATEMENT

NAME JANE EDWARDS BUDGET MONTANA STATE HOJP

ADDRESS \_\_\_\_\_

WHOM DO YOU REPRESENT? MONTANA STATE HOSPITAL

SUPPORT \_\_\_\_\_ OPPOSE \_\_\_\_\_ AMEND \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.



WITNESS STATEMENT

NAME Keith Wilson

BUDGET \_\_\_\_\_

ADDRESS \_\_\_\_\_

WHOM DO YOU REPRESENT? Montana State Hospital

SUPPORT                      OPPOSE                      AMEND

COMMENTS:

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Tom McCarthy BUDGET \_\_\_\_\_

WHOM DO YOU REPRESENT? Montana State Hospital

COMMENTS: \_\_\_\_\_

Form CS-34A  
Rev. 1985

# VISITOR'S REGISTER

SUBCOMMITTEE

AGENCY (S)

DATE \_\_\_\_\_

1-24-89

DEPARTMENT

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.  
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.