MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON HEALTH & HUMAN SERVICES

Call to Order: By Chairman Bradley, on January 26, 1989, at 8 a.m.

ROLL CALL

Members Present: All members were present.

Members Excused: None

Members Absent: None

Staff Present: Peter Blouke, LFA
Lois Steinbeck, OBPP

Announcements/Discussion: PSocial and Rehabilitation (SRS), Developmental Disability; introduction of proposed legislation by Rep. Driscoll at 1-27-89 subcommittee meeting on pay level of community providers; meeting Monday evening 7-8:30 p.m. on Catastrophic Care Act.

HEARING ON SRS

Dr. Blouke presented issue sheets on Developmental Disabilities for personal services, operating expenses, equipment and benefits. Dennis Taylor and Mike Hanshew of SRS developmental disabilities division addressed the modified budget request for an early intervention program, intensive care services and provider rate increase. (see attachments)

Request for discussion on why the LFA budget might include a program that is not included in the executive by Rep. Cody was addressed by Dr. Blouke. Requests for funding for a need is transmitted to both the executive office of budget and program planning and to the legislative fiscal analyst. Each office completes their evaluation and cost independently of one another.

A100
Executive and LFA levels for personal services, operating expenses and equipment are essentially the same. Under

benefits, Dr. Blouke reported the loss of some federal funds (see issue sheet, page 3). The subcommittee will have to replace this loss of federal funds with general funds or recommend cutbacks in the program.

A198
In answer to inquiries of Rep. Bradley and Sen. Van Valkenburg, Ms. Steinbeck reported that the governor is proposing the use of general funds.

A225
Sen. Keating inquired if the Social Services Block Grant is a different program than the Community Support Block Grant. Staff reported these were two different funds. Because a large portion of the funding for benefits is through fixed federal funds (SSBG/LIEAP), the general fund must support a disproportionate share of the costs of increased expenditures. The appropriated level of funding for SSBG was $9,289,720 for each year of the 1989 biennium and the appropriated level of LIEAP funds was $1,103,548 per year of the biennium. Due to reductions in both grants made at the federal level, the actual amount of SSBG funds available for FY1989 is $9,122,541 while LIEAP funds available for FY1989 are $881,121 and are expected to drop to $862,436 in FY1990. Assuming the SSBG remains at FY1989 and there is no further reduction in LIEAP funds, the amount of available federal grant funds per year for the 1991 biennium is $408,291 less than was appropriated during the 1989 biennium. Unless services are reduced below the current level, general fund must be used to replace the lost federal funds.

The increased benefits level reflects services to Department of Family Services (DFS), an increase in Office of Public Instruction (OPI) funds, increased cost of national accreditation through the Accreditation Council for Developmentally Disabled and the costs of DD conferences.

Mr. Taylor reported that DFS, SRS and OPI provide funding for the Montana Youth Initiative (MYI) program that maintains difficult to place adolescents in the state. DFS is general funds, SRS is Medicaid waiver, Title 19, and OPI provides funds to local school districts to access. Before this funding was set up for the MYI program, these adolescents had to be treated out of state at a higher cost and also loss of home environment which is beneficial to the youth. SRS saves approximately $150,000 per year.

In answer to Sen. Keating's inquiry on funding of SSBG, Ms. Steinbeck reported that the department maximizes funding by use of Medicaid, where client is eligible; where client is not eligible, services are funded out of general funds. When a client is deinstitutionalized, he/she becomes eligible for Medicaid benefits. Medicaid is funded by 70% federal funds with 30% state match. SSBG does not require match and can use private or other insurance to pay for part of the services, but after all other sources have been used the balance comes out of general funds.

A299
Chairman Bradley asked Dennis Taylor, administrator of the developmentally disabilities program, to present an overview of the program and the modified budget requests. (see attachments)

Mr. Taylor related that in 1975 the legislature mandated deinstitutionalization and the use of community based services. Initial funding by general funds for 220 individuals FY1976 at a cost of $2,000,000. By 1988, 2400 clients were being served at a cost of $20,000,000 from eight (8) complex funding sources.

A450
Bids from community non-profit organizations were received and awarded to provide services. At the present time, there are 45 organizations in 31 communities; ten of these organizations provide transportation only.

A700
Inquiries elicited regarding the early intervention modified budget request were answered by Mr. Taylor. As of 1989, there are 1,066 people on the community waiting list to receive services; of those, there are 439 in need of, but not receiving DD funded services at all. The second modified request for intensive care services is for three (3) intensive care group homes with corresponding intensive day services as well as transportation services, which would be funded by using $200,000 of general funds and the rest funded under the Medicaid waiver program allowing us to capture 71%, Title 19 match, for a total cost in FY1991 of $696,379. That funding would allow us to start three (3) additional adult intensive group homes.

A740
Mr. Taylor remarked that the state grant program provides approximately $327,000 to SRS each year. In exchange for receiving the grant funds, the department (as the lead agency in the pilot program) is required to develop a statewide coordinated, comprehensive program

of early intervention services for infants and toddlers. Also SRS is required to provide staff support to the interagency Family Services Advisory Council. By July 1989 the council has to demonstrate policy commitment to develop this comprehensive, early intervention system within Montana to provide support to these families. SRS believes with increased funding of $100,000 in 1990 and an additional $150,000 in 1991, the department will be able to demonstrate the state of Montana's policy commitment to the early intervention program. Also SRS will be able to serve an additional one hundred (100) families across Montana providing basic early intervention services, e.g. case management, family training and the development of individual family service plan which identifies the different supports a family will need to maintain a special needs child.

In reply to questions from Sen. Keating, Mr. Taylor identified the benefits of the early intervention program on infants to toddlers 36 months old. With early intervention, there is a cost containment feature of not spending more later. Behavior modification as an infant, then a toddler, or early training avoids using in depth programs to modify early learned habits.

Mr. Taylor reported that the provider rate increase modified budget is presented as this program is very fragile. Rate increases for 1987 and 1988 were 1.6% per year; during 1986, increases were frozen.

A773

Discussion followed on the modified budget requests with comments on how services could be cut back without losing basic programs. Rep. Bradley reported that during the last session when a group home was approved in her district, there were 139 clients across the state waiting for a group home; of the 139, there were 40-60 clients in critical need.

Rep. Grinde asked where the toddlers are referred to after they are 36 months old. Mr. Taylor remarked they would be eligible for additional family services, preschool, head start or other individual support based on the family service plan. A number go into the school system under the Special Ed program.

The draft language for legislative intent on weatherization as provided by Sen. Van Valkenburg is as follows:

The Department of SRS is directed to work with Montana public and investor-owned utilities and the HRDCs to prepare a long range low-income weatherization plan based upon utility funding for presentation to the 52nd legislature. Utility funded weatherization must be cost-effective for the utilities, i.e., the energy saved through the weatherization must be less costly than the value of the electricity or natural gas which would be needed without the weatherization savings.

Rep. Bradley asked for a vote on the above language; Sen. Keating made a motion that the subcommittee accept this language.

Motion carried unanimously.

Testimony from the public:

Testimony from Dr. Landers on primary care as an obstetrics/gynecology provider (see attached). Dr. Landers' testimony was endorsed by Jim Smith of the Human Resource Development Council

ADJOURNMENT

Adjournment At: 10:00 a.m.

Dorothy Bradley
REP. DOROTHY BRADLEY, Chairman

DB/dib

2223.min

DAILY ROLL CALL

HUMAN SERVICES SUBCOMMITTEE

DATE 1/26/89

NAME	PRESENT	ABSENT	EXCUSED
Rep..Bradley (Chair.)	✓		
Sen. Keating (Vice Chair.)	✓		
Sen. Hofman	✓		
Sen. Van Valkenberg	✓		
Rep. Cody	✓		
Rep. Cobb	✓		
Rep. Grinde	✓		
Staff			
Blouke			

Form CS-30A
Rev. 1985

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DATE 1-26-

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Rocky Mountain Laboratories
Hamilton, Montana 59840
(406) 363-3211

January 25, 1989

To Whom It May Concern:

Michelle Heikkila has been employed in the Animal Rearing Department of the Rocky Mountain Laboratories in Hamilton, Montana, since February of 1988. She has proven to be an excellent employee.

Michelle is a highly motivated employee, completing her work very rapidly and efficiently. She continues to improve the speed of her performance of routine duties. When an assignment is completed, she immediately requests another work assignment. Michelle has an excellent relationship with the other employees and will ask for advice or assistance when needed. She can perform all tasks in rearing mice except accurately determining sexes, which is due to vision problems.

I am very impressed with the progress Michelle has made since she began work at RML and she is now a valued employee.

Farrell R. Johnson
Farrell Johnson
Foreman, Animal Production, RML

EXHIBIT 2
DATE 1-26-89
HB

My Name Is [illegible]
and I Live at the Vista [illegible]
And I am fRom Missoula
Montana and I work at the
[illegible] p shopin I walk to [illegible] e-
day I also go To see y[illegible]
I also go to church every
Sunday sometimes
Church even f Ts N[illegible]
[illegible] even
[illegible]

EXHIBIT 2
DATE 1/26/89
HB Human Serv. pm

Thank You

EXHIBIT 3
DATE 1/26/89
HB Human Services Sub Com.

1750 Missoula Ave.
Missoula, MT 59802
January 26, 1989

Dorothy Bradley, Chairperson
Sub Committee on Human Services
Capitol Station
Helena, MT 59806

Ms. Chairman, Members of the Committee:

My name is Barbara Simon. I live and work in Missoula. I am a special educator and teach preschool handicapped youngsters, three and four years of age in the public school system in Missoula.

In my family of origin there are four people, Mom and Dad, myself and an older brother, Jack, who is developmentally disabled. My father is a retired accountant, my mother a retired registered nurse. I have several degrees, two of which are from a Montana institution. My brother, on the other hand, grew up in Montana at a time when no educational services were available to him at any level. The first public service he could use came along when he was 35. When he was younger the only state option available was the institutional warehouse at Boulder and that was not acceptable to our family.

Today Jack lives with aging parents (aged 76) who have willingly assumed guardianship and financial responsibility for him. He attends Big Bear Work Activity Center in Missoula. For him it is his work, his normalcy, his lifeline with the community....in short his life. As a family, we are immensely pleased that this service now exists for him . In 1973 the Big Bear Work Activity Center began (then called Ivy Arts) with a very small incentive grant of $9,000 and a volunteer director. What a small insignificant place it was but what a major start in the move toward more equitable opportunity for a handful of developmentally disabled folks desperately in need, my brother included. Today that little fledgling center has grown to serve 32 adults a normal work day, five days a week.

For Jack, Big Bear Work Activity Center provides sanity, a place to go each day (anyone with nothing productive to do develops secondary mental health problems which only complicate the initial problem.) It also provides for him skill training which he didn't receive as a child growing up in Montana. For many others the Center provides an escape from delinquency and street walking.

The services are good for Jack. Understanding staff are ever present at Big Bear. However, the turn-over rate for staff is amazingly high because of low salaries and benefits. This continual change in staff creates a major on-going adjustment problem for Jack, more insecurity, and less productivity. A more equitable, stable salary scale with benefits would be a natural evolution in an already workable community plan which has grown steadily and solidly since 1972. Is this not the meaning of social justice? Does Jack not deserve the finest and most stable staff available? Do not the employees who choose this life's work deserve reasonable compensation?

As a special educator, I'm excited about the continuing evolution of community services provided by this state for the developmentally disabled person. I'm excited that the families of the handicapped children I teach will have more and more choices and options for their children and less and less heart-ache because our state of Montana continues to creatively plan for the future of its people.

I'm excited about my developmentally disabled friend Janet's opportunity now to be a part of the housekeeping services at the Holiday Inn in Missoula, about Randy's success as a night janitor at the Pizza Hut, about the team from Opportunity Industries in Missoula which now assists in the printshop in our elementary school district, about Ed and John whom I see every day who have reliably ridden the school hot lunch delivery trucks for 15 years. These are examples of developmentally disabled people in my sphere of life whose lives are fulfilling, who have become wage earners and tax payers because of a network of growing community programs for developmentally disabled people. Please continue to fund and to fund well community-based services for devlopmentally disabled in Montana. Please let us continue to strive for excellence in this important work for important people.

Thank You,

Barbara Simon

Barbara Simon

TESTIMONY SHEET:

Name: Donna Schramm
dress: 1211 Glencree Dr
Billings, MT 59101

EXHIBIT 4
DATE 1/26/89 PM
HB Human Serv. Sub Com.

I am the mother of a 19 year old young woman with Prader-Willi Syndrome. I am a single parent.

Prader-Willi Syndrome is a recognizable pattern of altered growth and development, the cause remains unclear. PW persons face life as potentially overweight, short, sexually immature, developmentally delayed with poor gross motor skills. Usually at least mildly retarded, stubborn, ego centric & emotionally labile, they rarely develop the ability to cope with their insatiable hunger & require environmental restrictions to prevent life threatening obesity. Although individuals with PWS & their families face many of the same problems as others who are developmentally disabled, the unique characteristics of the Syndrome - cognitive impairment & gross obesity due to uncontrollable hunger - require special care & services.

My daughter has exhibited all of the problems described as typical of the Prader-Willi person - these problems have been present since birth and have gradually worsened. Four years ago our family hit bottom. She was out of control - with serious, violent tantrums virtually every day. My older daughter was afraid to leave me alone with her, we were unable to have people over due to her unpredictability. Her food-seeking behavior had led to stealing money, begging neighbors for food - and of course the weight gain. I was being called almost daily from school for problems ranging from eating others kids lunches to serious behavior problems. That with the ongoing turmoil at home every night was seriously affecting my own job performance.

It was at this point Jami was selected for Specialized Family Care. With the help of the home teacher an appropriate foster home was located, a consistent program developed and implemented across the Board with everyone with whom my daughter had contact. Environmental controls & behavioral management techniques have made a huge difference - you would hardly know the person today as compared with the person 4 years ago. She will graduate from high school in June, she holds a paying job coordinated through the schools vocational program, she participates in church, has friends and is fun to be around. She is home 2 days a week & in Foster care 5 days a week - a happy, productive person.

But all this is in jeopardy. You see Prader-Willi is not a curable condition - at this point it is under control because of the fine child services she has recieved. Without the continuation of the structured program now in place how long will it be before the behaviors 14 years ago are again the rule - rather than the exception as now. My daughters need for Adult Services is acute - What a tradgedy it would be to permit a regression that has been typical other Prader-Willi persons where environment restrictions have not been provided. I've been told the waiting list for adult services could be 1½ years long - I am terrified of what could happen if adult services are not available; I Know what her life can be like without services - we have experienced that turmoil, despair & waste of human potential. I Know what her life can be like with services - we have experienced her contributions through a paying job, & satisfying participation in life through church & community. ①

② I ask you - to fund adult services supportive work / supportive living so my daughter & others like her can receive the assistance they need to lead ~~as~~ full & productive lives. It can happen. I am grateful for the child services we have received* ~~and for your attentiveness to me today~~. Thank you -

① Every weekend that she is home she asks "what will I do when I graduate" - She has lots of ideas - she wants to work, she is very proud of her job & success in it, she wants to live in a group home she wants to do the things other people do. She also knows someone will have to help her find a job & keep her boss understand the kind of supervision she needs to be successful. She also knows she will always need someone else to control her food. & She Knows she can do it. I Know she will need adult services to make it all happen.

* But our need for adult services is no less acute.

Thank you for listening to me.

EXHIBIT 5
DATE 1/26/89
HB Human Serv - Sub. Com

Testimony by Jill Rohyans
801 Maynard Road
Helena, MT. 59601

TO: Joint Appropriations Subcommittee on Human Services

DATE: January 26, 1989

Madam Chairwoman and Members of the Committee:

Ann Mary Dussault's testimony makes me feel like an "elder stateswoman" tonight. I have been involved in the Developmental Disabilities movement for 25 years; actually , all my life to to having a brother and a daughter both with Down's Syndrome. We are now into the third generation of involvement with our family as my daughter, Terri, is the Supported Work Director at the Montana Developmental Center. My husband and I have worked in the field all our married life and have been actively involved in as staff of the Montana Association for Retarded Citizens, lobbyists, members of the Regional DD Council and the Montana DD Planning and Advisory Council.

I find myself coming here tonite thinking, here we go again; its been two years and now my stomach hurts because I don't know what is going to happen to the DD programs this session. But the more I thought about it, the madder I got. And my decision is this: I am not going to come here and beg for funding for services. For ADEQUATE funding. I am here to tell you that these services can stand no more cuts, no more minimal increases. Staff is grossly underpaid, programs cannot expand, the waiting list is ridiculously long. I do not need to cite the cost effective argument, we know these programs are cost effective. I don't even need to know what the total budget recommendation is - I already know it isn't enough.

I find myself wondering why we have to protect the coal trust fund monies for the next 40 generations. Certainly, the last 40 generations did not put the money in trust for us to run this state. But as Senator Keating says, they did give us the background and the skills to enable us to figure out how to support ourselves and the programs we need to care for our families. I know that not only DD programs, but everything in this state is hurting for additional revenue. I am in favor of using coal tax trust funds to help.

In the spirit of those who in 1975 saw the vision of improved and appropriate services for the developmentally disabled persons in this state, and who took a chance on developing a continuum of community services and deinstitutionalized Boulder, I ask you to take a chance on the future. Be brave, get the money, provide the service. It is our entitlement as parents, we are entitled as taxpayers, and certainly our children are entitled to the support of their state as well as their families.

EXHIBIT 6
DATE 1-26-89
HB

Madama Chairman, and committee members
~~mr~~ I'm Barb Lee from Miles City

I am the mother of a 3 year old multi-handicapped ~~child~~ Laura. legally blind due to braindamage

Laura is Cortically Visually Impaired and has mild to moderate cerebral palsy in all four limbs. At this point, the combination of these handicaps makes her severely disabled.

We have received respite services, parent trainer services, physical therapy and occupational therapy; as well as speech, orthopedic, and pediatric evaluations.

Since Laura still does not walk, have any self-help skills such has eating, dressing or toileting herself, and has some expressive language difficulties, loss of these services would endanger her chances of developing to her fullest potential. In fact it could result in her becoming dependent on the State for care in her adult years.

We feel that if she could continue to receive these services in her developing years, as well as any remedial training that she will need because of her loss of vision, she might have a chance of becoming a contributing member of society as a adult.

In addition to the services for Laura, the emotional support that DEAP has given us has ~~been invaluable & Laura had a twin sister~~ who was still ~~these past three years has enabled us to care for and love Laura without giving into discouragment and depression.~~ Their support, encouragement and expertise ~~have~~ of the DEAP ~~staff~~ brought us out of our depression ~~and helped us~~ to care for + love Laura at a time when I hardly had energy to deal wi ~~been invaluable to my family these past three years.~~

Thank you for your time.

BARBARA Lee

EXHIBIT 7
DATE 1/26/89 PM
HB Human Serv. Sub Com

MADAM CHAIRMAN, MEMBERS OF THE COMMITTEE, FOR THE RECORD, MY NAME IS JOHN MEEHAN. I LIVE IN MILES City. I WORK AT EASTERN MONTANA INDUSTRIES and have WORKED THERE FOR THE PAST 6 years. I HAVE LEARNED WORK SKILLS, MONEY MANAGEMENT SKILLS, AND Am A MEMBER OF A community SOCIALIZATION CLASS. I LIVE BY MYSELF AND RECIEVE HELP FROM AN INDEPENDENT LIVING INSTRUCTOR.

PRIOR TO GOING TO MILES City and EASTERN MONTANA INDUSTRIES I LIVED AT HOME with NO DAY TIME ACTIVITIES EXCEPT SOME HOME CHORES. I NOW MAKE SOME MONEY, WHICH I SPEND ON my PERSONAL NEEDS AND LIESURE ACTIVITIES. I DO THIS with ASSISTANCE But I HAVE MOST of the Decisions about my money. I feel good about the money I MAKE AND I especially feel good about being able to have the freedom to ATTEND community THINGS LIKE BALL GAMES, MOVIES AND CHURCH. I HAVE BEEN TOLD MY NAME IS ON THE SUPPORTED EMPLOYMENT LIST. I AM WAITING

FOR A JOB MATCH.

I AM GLAD FOR PLACES LIKE EASTERN MONTANA INDUSTRIES. [illegible]

[illegible]

EXHIBIT 8
DATE 1-26-89
HB

MADOME CHAIRPERSON, MEMBERS OF THE COMMITTEE FOR THE RECORD MY NAME IS KAY. I LIVE IN GREAT FALLS.

CHILD AND FAMILY SERVICES HAS HELPED ME WITH MY PROGRAMS AND LEARN ABOUT MONEY AND MY CHECKBOOK. THEY HAVE HELPED ME FIND A APARTMENT AND APPLY FOR HUD WHICH HELPS ME PAY MY RENT. THE OUTREACH PROGRAM HAS HELPED ME GO FROM LIVING AT HOME WITH MY MOTHER TO LIVING ON MY OWN.

SOME OF MY FRIENDS AT EASTER SEALS WOULD LIKE TO LIVE ON THERE OWN AND THEY FEEL THAT THEY NEED HELP LIKE I AM GETTING.

I WANT TO THANK YOU ALL FOR HELPING ME GET THESE SERVICES.

EXHIBIT 9
DATE 1/26/89
~~HB~~ Human Serv Sub Com

TESTIMONY SHEET:

Name: Peggy Roberts
Address: 332 Aristocrat Dr.
Billings, MT 59105

madam Chairman, members of the committee; for the record, my name is Peggy Roberts. I live in Billings. I'm a divorced parent of 2 girls. ~~Tht~~ ~~[illegible]~~ Having full custody has placed 100% of the responsibility of parenting upon me. Having Respite care services thru STEP has been a Godsend! The only time I get away from my children is when I use respite care, which I am using as I speak. Sara is a very feisty 2 year old with a heart of gold! For the present time she has been diagnosed as Developmentally Delayed. She'll be 3 on March 8 and is functioning at a 12 month level. It's difficult planning for meals as Sara doesn't chew. Right now I'm in the process of teaching her self-feeding skills. This is a very time-consuming task that requires a great deal of patiense. This has been very intense for us, and we need time-out from each other. My income is below the poverty level so without respite, I could not pay a sitter. Working with Sara takes away from time that her sister Stephanie needs. ~~F~~ On special occassions Stephanie + I spend much needed time together. Again without Respite this would not be possible.

I'm asking that you please continue these services. There is a long waiting list of people like myself waiting to receive ~~these~~ Respite services. This ~~[illegible]~~ has been such a vital program, and I would be at a loss without respite as would many other parents. Respite is my sole sourse of child care. Without respite there would be a hec of a lot more stress in my home.

I thank you very sincerely for the use of respite

Back Room
3rd floor
Old Supreme Court Chambers

EXHIBIT 10
DATE 1/26/89 PM
HB Human Serv. Sub Com

Madame Chairman and members of the Committee

Jeanie Rudolph Baker

I have a 6 yrs. old son diagnosed as having oral and motor apraxia. Apraxia is a motor planning problem which makes speech, writing, and small motor tasks very difficult if not impossible. He went to special ed preschool at the age of 2½ in Glendive. My husband commuted to Baker, 160 mi daily for work as there was no preschool there for our son. When Taylor turned 5 we moved to Baker and placed Taylor in the public school system and special ed. Without the preschool, the transition to a regular public school would have been difficult as his social and self help skills were far below age level.

Taylor is of normal intelligence and has great potential for learning but ~~not~~ does not have the opportunity to reach his potential because of the lack of funding needed for augmentative communication equipment he needs to communicate. Although our son is intelligent he is limited to resource room and speech therapy for most of his academic work as this is the only place he is now understood to some percent. According to the Education for all handicap Children Act (PL 94-142) and the Education of Handicapped Amendment of 1986 (PL 99-457) it mandates that *all* children between 3 + 21 yrs. regardless of handicapping Condition be educated in the least restrictive environment. I feel it is very important that early intervention be supported and supplemental services and adaptive equipment be adequetly funded.

Thank you for your time and cooperation.

Barker

EXHIBIT 11
DATE 1-26-8
HB

MADAM CHAIRWOMAN, MEMBERS OF THE COMMITTEE, GOOD EVENING. MY NAME IS JUDY BARKER HAYES AND THIS IS ALEXANDER.

THE COMPREHENSIVE DEVELOPMENT CENTER, UNDER THE SOCIAL AND REHABILITATION SERVICES SERVES OUR FAMILY AND WE ARE HERE TO ASK YOU TO SUPPORT FUNDING RAISES FOR HOME TRAINERS AND EARLY INTERVENTION.

OUR HOME TRAINER HELPS ALEXANDER TOWARDS ADAPTING TO SOCIAL SKILLS HE'LL NEED IN THE FUTURE, SUCH AS READING, WRITING, AND PHYSICAL INDEPENDENCE.

OUR SON WAS BORN PRE-TERM AND ALMOST DIED AT BIRTH, AS A RESULT HE IS PHYSICALLY CHALLENGED.

WE SPEND A MAJOR PART OF OUR WEEK WORKING TOWARD HIS PHYSICAL IMPROVEMENT. HE BEGAN WALKING AS AGE 21/2, DOESNT YET CLIMB STAIRS and IS NOT YET DRESSING HIMSELF. THE BALANCE DIFFICULTIES AFFECT HIS FINE MOTOR SKILLS WHICH TIE INTO HIS FUTURE WRITING AND READING ABILITIES.

ADEQUATE FUNDING FOR HOME TRAINERS WILL DIRECTLY AFFECT OUR FAMILY BY MAINTAINING THE QUALITY SERVICE WE NOW RECEIVE. TRAINERS ARE PAID SIGNIFICANTLY BELOW THEIR MARKET VALUE. OUR TRAINER IS A COMPETENT PROFESSIONAL WORTH MORE THAN SHE IS PAID. WITHOUT THIS SERVICE, SOCIAL INTEGRATION FOR OUR SON COULD VERY POSSIBLY BE IMPACTED.

FUNDS FOR EARLY INTERVENTION SHOULD BE AVAILABLE For ALL CHILDREN WITH SPECIAL NEEDS SO THAT THEY HAVE EVERY OPPORTUNITY TO REACH THEIR FULL POTENTIAL. THIS COMPLIES WITH THE 1986 FEDERAL EDUCATION OF THE HANDICAPPED ACT. OUR SON WAS ON A WAITING LIST SEVERAL MONTHS BEFOR HE RECEIVED SERVICES . IN THAT SHORT TIME A CHILD CAN QUICKLY ACQUIRE DEVELOPMENTAL HABITS, GOOD OR POOR, DEPENDING ON THE ASSITANCE GIVEN.

If our son had been given help earlier in his life it is possible he would have advanced more quickly, therefore needing less services later on.

IN PRESIDENT Bush's INAUGURATION SPEECH, HE SAID AMERICAN'S SHOULD USE POWER TO HELP PEOPLE. HERE IS A EXAMPLE OF HOW YOU CAN USE YOUR LEGISLATIVE POWER TO HELP THE LIVES OF MONTANA FAMILIES AND THEIR COMMUNITIES.

PLEASE SUPPORT THE RECOMMENDED FUNDING FOR HOME TRAINERS AND EARLY INTERVENTION. THANK YOU FOR YOUR PREVIOUS SUPPORT.

EXHIBIT 12
DATE 1-26-89
HB

Jan 21, 1989

600 6th St Northwest
Gt Mt 59404

To whom it may concern,

I am writing this in hopes to let you know how important the services we recieve for our handicapped son are to me and my family.

Our son Jared is 8½ years old. He has several autistic tendencies and is mentally retarded. Jared is the first son, and third child of our eight children. His problems are from lack of oxygen during a hernia surgery when he was an infant.

We love Jared very much but this does not lessen the tremendou burdon of his handicap and his activities.

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fantastic.

Jared has improved a great deal himself with the program of therapy and someone to work with him in the home (he is so happy for this attention and chance to learn). Both Jared + the family feel so much better about each other with the aide we recieve. It (a child's handicap) is a terrible trial to bear, the mental and physical burdons are many but with this wonderful program-it helps so that the positive shows through.

We are a better, closer family because of the many blessings and trials of Jared. But the truth is we could not have survived any longer with our son in the home without the SF services.

It is difficult to describe what parents and siblings go through with one who is handicapped in the home. There are so many complications and burdens that one would never consider until this situation is upon you. It is a 24 hour a day constant care, and it doesn't take long for exhaustion, frustration and resentment to build up.

With the help of state programs families can find the peace of some "normalcy" and the aide of others who care, and with this help comes a great gift of hope for the complete family.

God Bless all of you who care enough to offer others this hope and help through your programs

Sincerely,

Julie Eversole + Family 406-452-700

4824A KAPOK Great Falls MT 59

Great Falls, Montana
January 20, 1989

Joint Human Services Subcommittee,

We have a son who lives at Transition House, here in Great Falls. He has made so much progress in this program. We know there are many clients waiting for services. It is vital that these people get into programs, + get a start towards a better future. We hope you will do everything possible to assure them all of a better life. Thank you.

Mr. + Mrs. Royal Kres
1320-19th St. So.

19 January 1989

To the Montana Legislature:

In October, 1987 we finalized adoption on a sibling group of 4 young children. Nikki, now aged 5, has cerebral palsy. Although the adjustment has been radical, it was lessened by the services offered Nikki prior to her placement with us and since, including assistance with Respite Care.

We urge you to assist the continuation of these services to children such as Nikki and their families.

Mary and George Lehner
3126 - 4th Ave No,
Great Falls, MT. 59401
(406) 452-0811

Madame Chair person, members of the Committee, for the record my name is Kurt Stimpfling. I grew up in Great Falls

This last year, I worked as an attendant counselor at Fircrest School in Seattle which is a rather large home for the developmentally disabled.

The description of the clients there ranges from profound mental retardation to behavioral deviance. I revel in their differences and enjoy working with these people.

Since the beginning of the month I have been working at the Child and Family Service in Great Falls and feel the same closeness to these wonderful people that I felt while working in Seattle.

There are some major differences however; in Seattle the clients have nurses and doctors close at hand and there are psychologists to develop progams necessary in their struggle for normalization. There is also a staff of attendant counselors that has very little turn over due to a suffecient salary. Low turn over is an essential factor in assisting the developmentally disabled. Not all these services are being requested, but some are badly needed as in the latter example.

I feel thankful that this service exists to the extent that it does in Montana, but I urge you to deeply consider the needs of these deserving people and further the services that could be available to them.

As much as I love Montana the need for a livable wage will probably push me back to Seattle where a salary that is twice what it is here will help me to feel appreciated for my efforts in helping my friends

D

Sidney, Mnt.
1-26-89

Madam Chairman
Members of the Committee

My name is Harold Lorenz I live in Sidney Montana. We have a son James, he is 25 years old & is Downsyndrome. He cannot talk, read or write. At the age of 5 we took James to Boulder and was there for 13 months. During those 13 months James regressed rather than progress. Later on he became a client at Eastmont in Glendu He was in that program for 10 years. during this time Jim progressed to the poin where he was toilet trained, dress himself, and fed himself. He also learned approximat ly 200 language signing. James was then transferred to the group home in Miles City where he spent approximatel 6 years. During these year we noticed continued progress in Jim, even though the progress is slow it is recognizable. On Jan. 2, 1989 James transferred to Richland Opportunities in Sidney and resides at th Adult group home. After our experiences with Boulder we strongly support the Group home concept because the clients are treated like Human Beings, and they progress. They have an opportunity to achieve their maximu skills and function in a local home type

enviorment.
I strongly urge that you continue to support the present programs that have proven to save the Tax payers millions of dollars over the institutional concept. Our family is ever greatful for Eastmont, Eastern Enterprises at Miles City and the Sidney Center. Without these programs we would have experienced physical breakdowns in the family (especially Mrs Lorenz) and also created a financial hardship on the family. Your Continued support will be highy appreciated.
Thank You!

Sincerely.

Harold Lorenz

January 19, 1989.

Dear legislature Committee

We are the parents of a 3 yr old girl, who only weighed 3 pounds at birth, she had to stay in the Intensive Care unit at Deaconess Hospital for 8 days after she was born. Since than she has been in and out of the hosptal regularly with Nephonia's, She was sent to a Doctor McCarthy in Spokane Washington, where she under went some tests. sust recently she was sent to Dr. Rasenfeld at the Great Falls Clinic and later to Deaconess for more tests.

Her Medical record chart is thicker than most grown up shows how many times she had to see the doctor.

We think that the Child and Family Services has helped us a great deal with our daughter and her progress We are behing this program 100% percent, for it is page II

are doing for my child
are a lot more children
Out there who need their
help so please help the
Child and Family Services
Inc program expand more
to help more who need
it.

Thank you

Peter & Theresa Smith

P.S. we would like go to Helena
but we do not have money &
a ride down to Great Fall.
We will need money to eat
and just in case a room.

Let us know is happening

ughter we have asked again f

ur help & Consideration on all legislation

cerning the DDD people.

Thirty years ago we were told to send

daughter to Boulder "she was hopeless". We

h those people could see her now, And

thanks for legislation and devoted

lerpaid people that have helped her

a long long way.

I'm thankful for what has been done,

't want to sound greedy, but more DD

ple need help as Baylene has, and wil

d in the future.

As we are in Our <u>Golden</u> years what

mfort to know somebody is helping

, and will when we are gone. We

ppreciate Group Homes - not possible Street Peo

Many thanks,

Jan. 21-1987

Human Services Sub-Committee

As parents of a developmentally disabled son, we are greatly concerned with the continuing of the personal services and benefits provided by the D D Division.

Our boy will become 29 years old this weekend - therefore is ineligible for public school benefits. Also, he is not verbal and has difficulty in communication. He is currently residing in a group home in Billings and working at Billings Workshop. We bring him home for holidays and family gatherings.

Our home is in a suburban area of Reedpoint, but is not a farm or ranch, being strictly residential. Beneficial activity for him here at home is practically Non. existent.

He is happy, busy and gainfully employed in Billings, due to the opportunity provided be the Developmental Disabilities Division.

Sincerely
Robert E. McCullough
Mabel T. McCullough

M
Robert E McCullough
P O Box 384
Reedpoint MT 59069

The Legislative Action Committee
c/o Beverly Owens
2025 So. Billings Blvd
Trailer Village Lot 70
Billings Montana
59101

forward to Human Services Subcommittee for 1/26/89 hearing

To Whom it may concern,

I am writing for myself and my husband. We are parents of Penny who is handicapped and lives on 18 Street North. It's a lovely place and she is most comfortable and happy there. We are so lucky to have such a place for her as we both older and I am quit handicapped myself with arthritis. The help of those lovely people who take care of those people are unbelievable I don't think they are payed half of what they are worth. I always said they deserve a place in heaven for giving so much of themselves for such causes as

We really "appreciate" of what has been done in the past and I am sure all of us are greatful. thank You over and over. As in everything it takes money but with out help we couldn't do it as You all know.

Thank you again for all past help and thank you all again for helping again - I hope.

Most Sincerely yours,
Mr. Mrs. Sheldon S Olson
($10.00) (Inclosed)

Jan. 26., 1989

Joint Human Services
Montana legislature
Helena, Mt.

Dear Sirs;

Im writing on behalf of my 5yr old daughter Denise, who has Down's Syndrome.

We became aware of early intervention services offered in GT Fall when we moved there, from Everet Wa. in 1985, when Denise was 20 mo. old. At that time, my husband was unemployed - we had no income - and were living with Denise's Grandmother.

The services offered her by Child & Family Services were invaluabl family, were given support, Confidence & training to help our daughter. Whenever necessary, we were reffered to other sources ie... physical therapy - speach therapy sign language instruction - social events - Respcte services - support groups.

Now... my daughter is in Special Ed. Pre School at Sky-line & most of her special needs are being met by the school district. I can only imagine how "far behind" shild be without the special services she recieved early on.

We see in Denise's future, the school district aiding in her education & Easter Seal providing a controlled, Structured work in a group home cituation.

At this point in time, ther is a long waiting list for clients to enter group homes. Obviously a great need for more homes & dedicated people to work ther. We must start <u>NOW</u> to incorporate funds in the buget to help full fill these needs, so by the time Denise is ready to leave her home environment, she'll have a suitable place to go.

Sincerely
JoAnne Almanza

Jan. 25, 1989

To Whom It May Concern,

My name is Juli Klinkhamme and 9½ years ago I gave birth to a beautiful little girl - but she was born with an open spine (Spina Bifida) and severe breathing problems associated with it. The doctors gave Marissa (my little girl), no hope of survival - but a nurse at the hospital told me about Region II Child & Family Services, She told me how they were helping her with her little boy that was handicappe people who really understand what it means to live and love and cope with a handicapped child every day. They have provided a shoulder to cry on, encouragement and unfailing kindness. Without all of the services that Region II has provided, I simply do not know where we would be right now. Because of their help, I have a beautiful second grade daughter ~~that~~ who loves to learn and is blossoming into a wonderful

[illegible] Region II in

To Whom it May Concern,

Child & Family Services is a super thing for familys of handicapped Children. If we didnt have a home trainer I'm sure my Down Syndrome daughter with heart desiese would not be doing the things she is doing today. They have been helping us reach goals I wasn't sure were possible. She's just 6 months old and doing super. They have provided us with toys to help her learn to reach for things incourage her to babble & kick. Also have purchased books that are a life saver. They help us to teach Jennifer they things normal babies just do on there own. They suggest Questions I might ask my doctor about her. And support us in all or decisions about Jennifer My home trainer is a very kind loveing person. She gives a part of herself to our family. I think Early intervention is so important to a handicapped child it gives them the extra little boost they need. I'm so

[illegible]

My name is [illegible] and I'm very sorry I won't be able to be with you all this evening. But I did want to tell you a little bit about Child + Family Services.

What can I say about this agency! They have really helped me for the 3 years I was in the outreach program with them. They have helped me in cooking, money, balancing the checkbook, how to handle things in emergency cases, and helping me in anyway with Social Security cases or questions I had about them, and etc.

Without Child + Family Services and what they have done for me, I wouldn't learn and do the following things I have just describe to you.

They have also helped me in getting into social activities like going to their dinner dances, and any other activities they had. One of my favorite activities was going to Salmon Lake over by Seeley Lake and going boating, and doing some fishing, and just having a great time.

Doing activities like that is a great way for disabled persons like myself or others that lives in group homes, ~~to~~ get out and see nature and have a great time. Dinner dances are also great too. Just get out and meet with people + friends and eat dinner and dance with a boyfriend [illegible] I do think that

I do believe that Family Services should continue to opearate as there are millions of disabled people both young and old that needs the services.

I really do appreciate the opportunity to speak to all of you this evening, and again I'm really sorry I wasn't there to share this with all of you.

Thank you very much.

Sincerely
Len E. Roper

As I have my granddaughter who is on the waiting list for help. I wish to let you know that my daughter and I both support the addeonal for the B. H. Services. There are so many children who need these services to help them and as well as the older ones who have so many problems coping with this society and I see so many problems for adults that it is refreshing to know there are some who care enough to fight for funding for our children.

Thank You for helping.

Sincerely

Mrs Gaylord Croff

agency called Special Training for Exceptional People.

As a relative newcomer to the DD field, there are specifically two areas that stood out as I began working with these services.

The first are those families who are on waiting lists. In current weeks, our own agency waiting lists have grown considerably with families under trememdous amounts of stress trying to cope until any kind of help can be given. A family just this week explained very emotionally the needs of their child, while at the same time they themselves had lost their home, had only the food currently on the table, and no means of transportation. If we could only provide for some of the child's needs, maybe it would relieve enough of the stress on the family that they could cope with other pressing matters.

My other concern is for salary increases for direct care staff. These children deserve the best care we can provide them. But if we expect staff to work for minimum wage, weekends, evenings and holidays with few other benefits, we provide a situation that is not conducive to a long employment history, even though these are people who would very much like to continue working in this field.

Montana providers are working hard with those families currently on our case loads. If only we could serve others who also need services so desperately.

Thank you.

Representative Dorothy Bradley, Chair; Senator Tom Keating, Representative Dorothy Cody, Representative John Cobb, Representative Larry Grinde, Senator Sam Hoffman and Senator Fred Van Valkenberg.

As a parent, a son is part of you, a part of the family. All of us who assume this tremendous responsibility of rearing a son find similar desires. We all want our sons to be loved, to grow, to learn, to be responsible, to be educated, to participate in society. Some sons are disabled, my son, Jamie, who is now taller than myself and 16, is disabled.

When I set back and look at my son's future I find I want him to grow, to learn, to be responsible, and continue his education. Although I know, the challenges facing him relative to participating in society, I see him needing no less than those more fortunate.

As he has developed into his mid-teens I see the need in him to have a job, to be busy with new challenges, to have opportunities to learn and be responsible. Without job opportunities we would relegate him to a world of non-productive inactivity, regressive learning, and of no asset to society or to himself.

He currently goes to work in a cab, walks up stairs, enters the office and shreds paper for the law office of Gough, Shanahan, Johnson and Waterman. He earns his own money, he is proud, he is learning and becomes more productive to society.

The issue, today, is providing incentives for job opportunities for the handicapped but what you are really doing is creating sons. Sons we can all be proud of, sons who can take pride in themselves.

Your decisions have tremendous impacts, but certainly ones that we can all share ultimate pride.

Thank you for the opportunity to express my concerns as a parent of a handicapped child.

Sincerely,

Sue Boone

Mrs. Donald Boone

and the 4 remaining children at home. We have 8 children in all. Our youngest son, Jeremiah (nicknamed Jere), was diagnosed Down's Syndrome at birth. We lived in Minnesota at the time.

Shortly after Jere's birth we were approached by the supervisor of the Developmental Achievement Center (DAC) and when Jere was 4 mos. old a home school teacher began coming weekly with monthly visits from the physical therapist. We were thankful that since we were not able to pay for these services that the cost was absorbed by monies allocated to county gov't. branches or state, whichever.

These women were primarily encouragers (thereby not robbing us of parental position & importance) and helped us to recognize and address areas of weakness in our child's development; giving us ideas of how to stimulate his progress & anticipate possible problems - getting the jump on them instead of being overwhelmed later. We are now getting the same service in Montana through STEP. Again working together at home and also getting help to avail ourselves of services needed such as speech therapy and very soon pre-school as Jere is 5 yrs. old and seems to need more than we can offer at home, ~~for~~ the stimulation of being with other children his age and the structured learning environment.

I understand that Jere's home school teacher from STEP, Susan Betz, a full-time employee, is paid the same wage as a friend in Washington state is ~~earning~~ paid for 1/2 time - they ~~possess~~ earned the same ~~wage~~ degrees and are doing the same kind of work. That is an unbelievable variation! She is able to continue with STEP because her husband makes a good wage and her salary is not her family's primary support. I also understand that the group-home staff is badly in need of

January 25, 1989

Department of Labor & Industry
Human Services Sub-Committee
Montana State Capital Building
Helena, Montana

Gentlemen:

As a parent of a DD daughter who lives in the Norris Court Group Home in Billings, and also as a member of the Board of Directors of Residential Support Services, I am writing in support of the DD Services provided in the State of Montana.

Our daughter has a quality of life that has not previously been available to her in that she has somewhere to go each day - Billings Training Industries - and to do something meaningful while she is there. She then has a Home to go to where she is loved and accepted for the way she is. Most importantly, perhaps , she has made a great deal of progress in her self-help skills as a result of these two programs. Another most important factor is that her family is nearby for visits and that personal contact that gives her the confindence that we all love and care about her.

The folks who work for the BTI and RSS Corporations are indeed very special people. They are certainly dedicated - those who stay on their jobs for several years especially. I really feel that they need better or incentive pay. In that way, I feel that these corporations could have a wider choice of employees and hopefully more qualified personnel.

I am also very much in favor of expansion for these corporations so that they are better able to serve a changing and growing number of clients. There are certainly many options available in the living areas - such as independent or semi-independent living and separating the mentally ill from the mentally handicapped.

720 Avenue F
Billings MT 59102

January 23, 1989

Human Services Sub-Committee
Montana Legislature
Helena MT 59601

Dear Lesiglators:

We are writing to let you know how much we appreciate the services provided for our handicapped daughter by the Developmental Disabilities Division.

Karen, age 23, has cerebral palsy with mental retardation and is both non-verbal and non-ambulatory. She is now living in a group home in Billings and attending a day program at Billings Training Industries. We are able to have her come/home every weekend and for special family events. Since Karen was at Boulder River School and Hospital for a short time in the 1970's, we are very much aware of the superiority of local community-based services.

We want to express our support for all those who work in these community programs, and to urge that money be provided for both operating costs and pay increases--especially for direct-care staff members. They have very demanding jobs and should be adequately compensated. Also, more adequate pay and benefits would aid in keeping turnover costs down, and we feel having the same caretakers is important for Karen's safety, happiness, and progress.

Thank you for your consideration of our views.

Sincerely,

Dick & Connie Rasky

services here in Montana. For the record, my name is Alicia Pichette. I am the parent of a 7 year old disabled child, and I chair the Montana Family Support Services Advisory Council. A council authorized by the 1987 Legislature, funded through Part H of PL 99-457, and responsible to study Montana's Early Intervention services; comment on the effectiveness of those services, and make recommendations to the Developmental Disabilities Division about imporvements to those services.

Over the past 2 years, Montana has received over $500,000 in federal dollars to study and imporve the Early Intervention services Montana provides to disabled children aged birth through 36 months. With that money 99 children who were waiting for help are now receiving services. These are not the enriched services of Specialized Family Care or the Mediciad Waiver, but the most basic case management and family training services.

You will be hearing from parents here tonight who have been receiving those services, and just how valuable the services have been to their families.

The dollars spent now to provide case management and family training services pays off later, pays off in fewer needed services when children are school age, pays off in children educated in regular ed. classrooms instead of special education classrooms, pays of in ways you can't put a price tag on, families staying together, disabled children growing up in their own homes.

If the legislature does not make a committment to support the early childhood services now, Montana will lose the federal dollars we now depend on. The families now receiving case management and family training will no longer have services; the families waiting for services will not have the hope that in the future services will be available for them under Part H.

I urge you to support Early Intervention services, not just because it helps families, not just because without your support the federal dollars Montana is now eligible to receive to provide the earliest services won't be there next year, and not just because the figures show every dollar spent today for early childhood services now means many dollars saved in the future, but for all those

IT TOOK OVER 11 MONTHS FOR ME TO GET INTO CHILD AND FAMILY SERVICES AS THERE WERE NO OPENINGS AT THAT TIME. I WAS LIVING IN TOWN WITH SOME PEOPLE WE KNEW THERE. THEN I LIVED WITH AND HELPED A MAN WITH NO LEGS. THERE WAS NO PROGRAM FOR ME. I GOT A JOB FOR AWHILE AT THE COMMUNITY FOOD BANK. THEN I WAS TOLD THERE WAS AN OPENING AT ONE OF THE GROUP HOMES IN GREAT FALLS. I WAS VERY HAPPY TO GET SERVICES AT CHILD AND FAMILY SERVICES.

THEY HAVE A WELL MAINTAINED PROGRAM AND A VERY GOOD STAFF THERE. I AM LEARNING ALOT THANKS TO THE STAFF AT THE GROUP HOME. I AM VERY HAPPY THERE AND AT EASTER SEALS.

CHILD AND FAMILY SERVICES HAS A VERY FRIENDLY AND UNDERSTANDING STAFF THEY ARE TEACHING ME THE NECESSARY THINGS I NEED TO LEARN. I AM WORKING ON GETTING INTO INDEPENDENT LIVING AND GETTING OUT ON MY OWN.

THANK YOU

January 24, 1989

Chairman of the Subcommittee of
Human Services
Capitol Station
Helena, MT 59620

Dear Chairman:

The Flathead Association for Retarded Citizens with the cooperation of the people in Flathead County have constantly supported and worked for community programs and would hope that you would continue to support our programs by considering the increase of salaries our providers are asking for, so we could continue to keep up the standard of our community programs.

The appropriation for direct care staff was discussed at our F.A.R.C. meeting and was endorsed by our entire membership.

Thank you for your consideration of this increase for our providers.

Respectfully,

Art Kienas, President
Flathead Association for Retarded Citizens

AK:lb

Committee Members
Funding for Developmentally Disabled Montana Citizens
Capitol Station
Helena, Montana 59601

Dear Members,

Our daughter is a beautiful, caring young woman who has developmental disabilities. One of our biggest challenges has been getting services for her that would help her develop to the best of her abilities.

Karen has always had difficulty in that she is not severe enough to be severely impaired and not developmentally able to do it all on her own. We wish that she had been able to start in a pre-school to help her get a solid foundation early, but pre-schools for the developmentally disabled have only been available in Missoula for the last two years. We applaud the continuance of these programs for the start it gives children.

We have had to work hard for her throughout her grade school and high school years. Now we have a time period that is almost void of help except for a few programs.

We are writing to let you know how vital all the Adult Services are for the Developmentally Disabled especially Transitional Living, Supported Employment, Distributive Employment and Job Coaching. These programs are for Montanans who are productive, but need extra help. We are very grateful that these programs are teaching Karen to work for a Missoula childcare business. Karen's skills and the skills of her friends need to be developed so that they are an asset to themselves and their state. They have skills to share and need the support of professionals to help them achieve their potential throughout their lives, not solely through high school graduation. Karen is presently being trained by a job coach who is very dedicated to our child and the other young adults she serves. We support expanded programs for the developmentally disabled. All of Montana's children are a valuable state asset.

I WAS IN THE PROGRAM FOR TEN YEARS. I JUST GRADUATED IN NOVEMBER 1988. IT HELPED ME ALOT. THE PROGRAM IS SEMI INDEPENDENT LIVING. THEY CAME ONCE A WEEK TO HELP ME LEARN THINGS I NEEDED TO KNOW TO LIVE ON MY OWN. THEY HELPED ME GET READY FOR THE FUTURE.

BEFORE THAT I WAS IN A FOSTER HOME, THEN THEY SAID THAT I COULD LIVE OUT ON MY OWN, AND HERE I AM, LIVING IN THE COMMUNITY NOW BY MYSELF.

I AM PROUD OF WHAT I HAVE DONE. WITHOUT THESE SERVICES I DON'T THINK I WOULD BE ON MY OWN.

THANK YOU MADAME CHAIR PERSON AND MEMBERS OF THE COMMITTEE.

hearing -

Madame chairperson, members of the committee
Mary Lois Stewart
Great Falls, Mt.

I have an adult daughter who is a client of Child & Family Services.
They have provided encouragement and training so that she can live by herself. Kay is able to reach her potential as a caring, contributing citizen. The transition from living at home to independent living is quite a process for anyone but for a disabled person it is often not feasible - it just doesn't happen.

Kay gets weekly training sessions + some transportation assistance. The many skills we take for granted must be systematically taught. Her progress has been amazing and I am grateful to Child & Family Services & very proud of my daughter.

I thank the committee for funding

Great Falls, Mt. 59405

To Wallace A. Melcher
Executive Director

From Mr. Mrs Charles Young
P.O. Box 1452
Cut Bank, Mt. 59427

Dear Sirs and Members of the Legislature .

This is in regarding your letter that we received on the funding for the Child and Family Home Services . We feel that you should increase on the funding of it in oreder so that they may help more people like our selves with handicapped kids , We are sure that there are people out there in the world who are to proud to ask for help , but we werent and we are reciveing help with our child and our other one is on the waiting list for help also and we feel that the Child and Family Home Services has helped us quite a bit with our Daughter this past two years when we signed up for the program.

This is the reson and the importnace the services we receive have made on our lives and our daughters life. We arent able to come to the hearing as my husbands job is very busy this time of year withcows calfing out and such. So I am writing this letter to let you know the type of

The Joint Human Services sub. Committee

This letter is regarding the Child and Family Services Inc.

My son David Lee Ulsh, who is now 5½. Was helped by Child and Family Services. When he was 4 mos old, on February 7, 1984. David underwent a very scarey Surgery. He was very sick you see. ~~His~~ Davids head the soft spot had grown closed prematurely it needed to be opened, Because if it wasn't he would have been Severly retarded. We asked my mother to help us find agencies to help us. She did. David was nerve deaf and almost a new born again. He was still very sick. Child and Family Services send me a wonderful home trainer. Her name was Deanne Foley. She turned out to be a great help and great Friend.

When David was about 6 or 7 months old. He still wasn't doing very well

The Dr. at that time was going to put David in a Foster home because he was Failure to thrive and it was supposedly my fault. Well Child & Family Services, Deanne Foley, stuck up for me along with a half of dozen nurses and a health Dept nurse. David had a block in his Digestive tract that the Docter never seen. As a result david went through another Surgery And Deanne stuck by me. I could call and she would tell me good things. She taught David to love again. and tried very hard to teach him things. Child & Family Services works very hard to help us that cannot Do it ourselves. The got David enrolle in school. At the Deaf and Blind School in Great Falls. And that was Deannes last wish before she moved to Ohio.

When I have needed questions answe they are still there to help. I neede helpful, and we got a Pogon Stroller and they are still willing to help us.

The ~~people~~ parents of handicapped children are very lucky to have Child and Family Services, and the Raise hikes are despartely needed to keep them helpful.

We all know want it takes to raise our own family.

And the Early Intervention Programs needs funding, more of it.

We also need new Group Homes. There are only a few. And too many children on Waiting list. as usual theire are always waiting lists for these children, Please minimize them

Rule in favor of the Raise Hikes

Sincerly

Janette Custer

We have a foster adult home and are
making an adequate loving home for 2 ~~a~~
young adult men who are mentally
handicapped and without our care would
be homeless or in Boulder or group homes.
It costs the state *much less* to have these
young men in our home than in any other
living situation.

We have gotten respite care for the
past few years and desperately need it.
In fact without the respite care we
would not be able to offer our help as a
foster home. We appreciate the respite care
but we are also saving the state money.

We desperately need this respite care.
We hope you realize you have a strong
obligation to address the needs of the
handicapped of Mont. as well as those
who are caretakers. Adequate funds for
should show some financial increase

To:
Human
Subcom'mee
the 1/26/87

Whitehall
Montana

Dear Mrs. Schilling

As the mother of a disabled daughter I can fully appreicate the services of the developmental disabled.

Having visited my daughter in December I could see some positive improvement in her care.

I'm writting to express my appriecation in this matter and do hope you keep up the good work.

Yours truly
Mrs. Barbara Youn

The way that we were introduced to the Child and Family Services was through our Family Doctor Mark Kelly, and the Montana Cleft Lip/ Palate Team, Doctor Mary Anne Guggenheim. Her Medical Daignosis is Cleft Palate, hering loss, gross motor delays. and she also has lanuage delay due to hearing loss. too which are being worked on at home and at speech and school too

the thisngs that we work on at home with the child and Family Home Services when the trainer come out once every two weeks are basicly is Increased fine motor and cognitive skills and increased gross motore skills .

1. In the fine motor and cognitive skills we work on Heathers hand and eye cowordonation with nesting cups and, drawing signs plus and V or X ,O or tracing a straight lie and not going off it

2. Cognitive skills also involes working with 4to 6 piece puzzles and she is very good at that we also try and have her say what the piece is what ever it may be like fruit or animal or vegtable. and before we started with the Child and Family Home Serveice Program it was real frustrating for all of us but now that we have help we can communitace alot better with her and she can now tell us what she wnats instead of pointing and crying she now talkes and does sign language so that we know what she wants and we are also learnign the signlanguage to which is a great help for us.

We are also working with counting and colors and learning how to write her name and she is doing very well with all the help we are recieving and it is a real load off my mine that I am helping my child to learn and to get her up to the age levle she is to be

I am the mother of a severely-profound handicapped daughter. She lived at home until two years ago. She is now 25 years old and lives in a group home in Great Falls.. I also work as a teacher assistant in a severe-profound classroom. I am greatful for the services that are presently being provided for my daughter. Had it not been for the group home I would have had to quit my job to take care of her. Working and caring for her needs without respite was more than I could handle. It is nearly impossible to get respite care for these kind of children, public or private except for the few children that are served by Specialized Family Care. Your name is on a very long list, you wait your turn. Why should a few be attended to and many others recieve no services?

Children have been seperated from their families, sent to other towns, because there are not enough group homes or services where they live. Mothers who have limited means are kept from interacting with their child on a regular basis because of distance and funds. Families keep these children at home as long as they can but sometimes circumstances occur and services are needed. They deserve to be in the community where their parents reside. There are probaly 5 maybe 6 children that I know of right now that could benefit from group home services but there is none available except all over the state away from their family. Why can't we keep the money from SSI and the jobs that group homes and other services create, in our own community?

Now that we have initiated some programs for the 0 to 3 population we have been able to see the great changes for the better that occur in a short time. The problem of handicapped children is not going to decrease. Our pre-sch ool is continually identifying children that have special needs. The parents need support! I believe that it is cheaper and much more compationate to support services in the home and community than it is to support an institution. I also believe it is the right of a handicapped person to have equal services and not be a name on a list.

Doris Dormady
Power, Mt.
59468

Members of the
Joint Human Services
Subcommittee

January 21, 1989

Dear Committee Members

I am writing in support of increased funding for human services. I especially see a need for more group homes and increased salaries for the personnel who care for our children.

More children are living who years ago would have died. Many of these children have many handicaps and for their continued development, innovative and comprehensive services must be available. Keeping our children in a community setting has been found not onle to be best for them but also financially advantageous for the state. The cost for caring for individuals at Boulder ranges from $50,000 - $80,000 per year. It costs much less to keep children in group homes ($25,000 - $35,000--this may be high) and in the family setting ($400 - $10,000) per year..

Our oldest daughter, Jodi, is 12 years old. She is blind and multi-handicapped. Her handicaps include epilepsy, mental retardation and cerebral palsy. We have used the services of Region II Child and Family Services since she was 18 months. Through respite, our other children have been able to do the regular things kids do and we all seem to be pretty well adjusted despite the extra stresses a special child brings to a family. This would not have been possible without Child and Family Services. We have been able to purchase the necessary durable medical and adaptive equipment necessary for Jodi. The Specialized Family Program has allowed Jodi to be eligible for Medicaid which pays for necessary medical and dental costs and also for diapers which cost around $200 per month.

I have several friends who have made the decision to place their child/adult in a group home but are on the waiting list. This has put a great hardship on all family members.. I hope that the waiting list will be greatly reduced and this can only be accomplished through increased funding for group homes, sheltered workshops, supported employment and other community-based services.

I hope you consider all the request~~e~~s of the parents at this hearing and decide to expand funding beyond the minimum needs to give families alternatives in their lives and our children the services they deserve.

Sincerely

Jan Dresch

JAN DRESCH
524 Flood Road
Great Falls MT 59404
(406) 731-4396 (work) 761-0331 (home)

Dec 14, 1988

Wally Melcher
Director of Child & Family Services
PO Box 2506
Great Falls, Mt 59403

To all it concerns,

I would like to express my sincere gratitude and appreciation for the Specialized Family Services program. Without this program we would not be able to have our son Jared still at home with us.

S.F.S. offers us the blessings of "normalcy" withen a family having a handicap child, or as close to it as normalcy can be. Because of the program and all it helps us with and aids Jared in we have been able to appreciate Jared more and have a much better relationship with him. Before the S.F.S. program - the stress and frustration in dealing with Jared and his problems were so intense that there was resentment, many tears and such a frustrating feeling of failure.

Jared has come a long way with the program. He's progressed developmentally (for the first time in 5 years!) He also is a happier child as he is having his needs of attention fulfilled.

I cannot express properly the blessings this has all brought about and meant to us. Certainly such a terrific program with such success needs recognition and appreciation, and from our family we would like to express just that.

God bless Jean Gerano and her dedication and insight to specific needs. She has been of utmost support and help to us.

It is with great appreciation for all of you who work in these programs that we extend such thankfullness to.

God Bless you.

Sincerely,

Kenn & Julie Eversole
& family
4824 A Kapok
G. F. Mt.
59405

1-22-89

To whom it may concern,

Child & Family Services came into our lives about 8 years ago, when we learned that we had a "special child". A little later, we learned that our child was Autistic. Child & Family Services was a tremendous help during this time and continues to help. Early on, they sent representatives directly to our home to help train us to work with our child, they gave us information about different organizations which might help us, provided us with teaching aides in the form of educational toys of equipment; a Child & Family Services representative has always been in attendance at CST meetings for our child with the school system. I can go on forever about the tremendous help & support that has been given to us. It has been a life saver.

We have had "hands on" experience with a special child & in dealing with Child & Family Services. We can say without reservation that the services that they provide are much needed and necessary. We urge you to support their requests for continued financial support and [illegible] that you remember the clients still waiting for services.

Sincerely,
Richard Holman
Carla Holman
Mr. & Mrs. Richard Holman
Great Falls, Mt.

Funding of Services to the handicapped is funding services to a large population.

I am thankful I have been able to keep my daughter at home, a task I cannot accomplish without help, now & then.

Thank you for your consideration of this matter.

Sincerely —

Joan K Lockhart

JANUARY 26, 1989

CHERYL PRICE
2209 6 ST. N.W.
GREAT FALLS, MT. 59404

MADAM CHAIRPERSON
JOINT HUMAN SERVICES SUBCOMMITTEE

DEAR MADAM CHAIRPERSON:

AS A MOTHER OF TWO SMALL CHILDREN ONE OF WHICH IS SEVERELY MULTIPLY HANDICAPPED, I CAN'T BEGIN TO EXPRESS AND EMPHASIZE THE IMPORTANCE OF SUCH AGENCYES AS CHILD AND FAMILY SERVICE. WE WERE FORTUNATE TO BE IN THE PROGRAM WHEN JAMIE WAS SMALL (18 MO.- 3YRS.) THAT EARLY INTERVENTION WITH HOME TRAINERS WAS SO BENIFICIAL FOR JAMIE AND OUR FAMILY AS A WHOLE. THE SUPPORT AND ENCOURAGEMENT CAME AT A TIME WELL NEEDED AND STARTED A FOUNDATION FOR JAMIE TO BUILD ON. I AM NOW ON A WAITTING LIST TO RECIEVE MORE SPECIALIZED FAMILY SERVICES. DUE TO MY OWN PERSONAL SITUATION OF FACING A DIVORCE AND TRYING TO DO WHAT'S BEST FOR JAMIE BECAUSE OF THE SEVERITY OF HER SYNDROME, I KNOW I CAN'T DO IT BY MYSELF AND BE THERE FOR MY OTHER DAUGHTER LINDSAY TOO. SO I'M REACHING OUT FOR THAT SPECIALIZED FAMILY CARE FOR ALL OF US, NOT ONLY BENIFITING

MY OWN FAMILY AND JAMIE, BUT JUST BEING RELIEVED OF ALL THE BAD FEELINGS OF INADEQUACY AND RESENTMENT GIVING ALL OF US A CHANCE TO GROW AND BE THE BEST WE CAN BE FOR THOSE OF US AROUND US.

SINCERELY,
CHERYL PRICE

JAMIE LEE PRICE WAS BORN
MAY 26, 1982 - WITH CRI DU CHAT SYNDROME.

January 24, 1989

Dear Members of the Joint Human Services Subcommittee:

I am writing to ask your support of additional funding for Region II Child and Family Services.

The services provided by Child and Family Services are crucial for families with children who have special needs and families who have members who are developmentally disabled.

Two years ago, after the death of my mother, I was left to care for my 22 year old developmentally disabled sister. I was unable to care for her on a daily basis, so I looked for community services that were available. I found out that services (which I always thought were available) were limited and that there were many other families in situations similar to mine that had been waiting for services for sometime. The chance that I would find services to help my sister in Gt. Falls or even Montana were bleak.

The only options left for me were to place her in Boulder or to send her away from the family to eastern South Dakota. Neither of these options would have been in my sisters best interest. At this point, I did not know what to do.

Thanks to Child and Family Services my problem was solved when my sister was accepted into a new group home the corporation was opening. Since her placement there two years ago, she had done beautifully. The staff has been very supportive of her and have put in many hours of hard work and caring to help her and the other residents become productive members of our community.

There are still many clients waiting for group home placements and early intervention program services. Without additional funding, services and trained staff will not be available to help them. Believe me, there is nothing more painful then to find out no one can help you.

Please support additional funding. The money will be well spent on helping these with special needs.

Sincerely,

Danette R. Rector

Danette Reardon Rector
3638 3rd Avenue S
Gt. Falls, Mt 59405

1-26-89

Dear
madamm Chair Person.

I have a 6 year old son that has been on Respite for a Couple of years now. the Program has helped him in alot of ways. like Some Equipment, therapy. it also has helped me. Cope with having a handicapped Child. like having Respite Clients, so my husband and I Can have Some time toget thank-You for the funding that this Program has given my famil and I. I feel very lucky to have Such a Program like this. also because my Boy didn't have to wait very long. I know there are alot of Children on the waiting list. it would be Just Great for the Legislat to give the Program more funds.

Thank You much
Carol Middle Rider

1109 · Adelie
Great Falls MT
Jan 24, 1987

Mr Dick Simpkins
Capitol Station
Helena, MT

Dear Mr Simpkins,

As a parent a a child with severe, multiple handicaps, I would ask your support of funding of DD services.

We have been served by Child & Family Services in Great Falls with Early intervention & respite services, for our entire 7 years as Parents of a disabled child.

Our entire family has benefited by the respite service, & of course our Katie was the big winner. The services not only gave Kate a good start on battling her disabilit They also gave our family, some much needed time to be who we are – more than a full time care giving machine.

Joint Human Services Subcommittee
Helena, Mt.

Dear Sirs:

We have a foster daughter named Gail Logan. We have had Gail in our home for three and a half years and treat her as our own child. Gail is severely disabled, she is mentally retarded, blind, has severe scoliosis and is non ambulatory. She has constantly many needs. Child and Family Services has helped train us as parents to take care of Gail and gives us continual support services.

We, also, have a natural daughter named Tami Stott. Tami was born with Downs Syndrome. Tami began with Child and Family Services when she was 10 days old. This early intervention program with Child and Family helped Tami to accomplish and learn at more of a normal rate. Tami, now 6 years old, is in school full time this year, thanks to the early intervention program with Child and Family Services.

As you can see, our family has benefitted greatly from this program.

We would like to see Legislation for Human Services get the 2% increase which they need to fully operate and continue this program.

Sincerely, G Kent Stott
Mickey Stott

George Kent & Mickey Stott

Jan 23, 1988

To whom it may concern,

We have a 13yr old developmentally disabled Child who also has scolios and of small body statute Child and family services are a great asset to famili in need. We had a home trainer when Bradley was small who gave parental support and helped establi feeding, fine and gross motor programs which we, as parents incorporated in Brad's care. It was a great help. We now utiliz respite services which are very beneficial. We are in suppo of all family service programs.

Sincerely,
Mike & Marlene Toch

Cascade County
State of Montana
TELEPHONE: (406) 761-6700

Great Falls, Montana 59401

January 25, 1989

Joint Human Services Subcommittee
State Capital Building
Helena, Montana 59601

Honorable Representative Dorothy Bradley
Subcommittee Members

On January 26,1989 you will be meeting to discuss the funding of programs for the Developmentally Disabled.

We are familiar with the services provided by Region 2 Child and Family Services Incorporated.

We greatly appreciate your support of this program, and wish to take this opportunity t encourage your support for some additional funding for clients waiting for services both in Group Home Settings and the Intervension Programs.

Thank you all very much for your consideration.

Sincerly,
BOARD OF COMMISSIONERS
OF CASCADE COUNTY

Jack T. Whitaker
Jack T. Whitaker, Chairman

Richard G. Gasvoda
Richard G. Gasvoda, Commissioner

Harry B Mitchell
Harry B. Mitchell, Commissioner

CENTER OF MONTANA'S LIVESTOCK AND FARMING AREAS

Star Rt, Box 97,
Vaughn, MT. 59487
Jan. 21, 1989,

Dear Legislators:-

There is a need for funding for Child & Family Services to be more in line with other funding programs.

We would certainly appreciate any help and assistance along This line, that you may be able to give. Thank you for your concern and help.

Sincerely

Rosina Woodhouse
Harold G. Woodhouse

Star Rt. Box 97
Vaughn, Mt. 59487

Jan. 21, 1989

Dear Legislators:-

This is to express my personal experience with a child, now 34 years old, who has received help from Child + Family Services, 600 - 6th St. N.W., Box 2506, Great Falls, Mt. 59403.

What we need is additional funding for clients waiting for services, i.e. if the help received better wages, the clients would receive better care, very badly needed.

Sincerely,
Rosina Woodhouse
Harold G Woodhouse

They are a great help to me and my family now my daughter can even say a few things to her grandma on the phone now , Since we have signed up with this program we have noticed a really good change in Hearther Language and motor and writing skills and her speaking and it is all due to the Child and Family Service Inc and I hope you will concered raise their wages and providing more funding for aj good cause because my daughter need help and she got it and we really notice the difference and so do people around her and they aske me will what happened and I tell them that it is anwonderful program and that there are people out there who do care.

Pleas excuse my typ os as I am not very good at it but I to am learing a great deal and it is making me wish that I could have gone on to school and done something like this for people.

From Concered Parents who really like and what to see more of the Child and Family Home Service Programs Available.
Mr. Mrs Charles Grant Young.

I hope this is what you wanted to hear as I was not sure what to say or how to say that they are a great help to us. and I am glad they have programs like the thank you.

EXI
DA
HB

Jan 23-1989

Joint Human Services
Old Supreme Court Chambers
Helena Mt.

To Whom It May Concern:

My name is Mary Lu Hess I am the mother of an eighteen year old downs daughter When she was born we did not have these services, by the time we were made aware of the services many years of learning the hard way had passed. Today however it is such a help, not only to parents but a big head start to our children to have these services.

We use the respite service now and can remember how difficult it was to get someone we felt comfortable with for Carla, before this service.

In raising Carla I have learned we must make a life for her so please

Erickson Group Home

Karen L. Johnson
Weekend Technician
Karen L. Johnson

Colleen Krause
Manager
Juanita Ross / weekday trainer

exh 3

To Dorothy Bradley, Chairman of the Human Services SubCommittee:

As Direct Care staff of private non-profit corporations in the Billings area, we feel compelled to make an attempt to let the 1989 Legislature know our concerns and feelings as we start this Legislative session.

At the Montana Conference on Developmental Disabilities in Butte this past year, a study by Arthur Young & Company was presented. This salary and benefit survey showed that Direct Care staff in non-profit corporations around the state are paid ~~39%~~ 40-50% less than their equivalents who work in Montana State institutions.

Our non-profit corporations fill a necessary and important role in the community and we, as the heart and soul of these corporations, feel we need to be compensated for our dedication and loyalty.

The following are inadequacies that we feel need to be addressed:

1. The pay scale must be commensurate with the responsibilities and educational requirements of the various job descriptions.

2. Scheduled pay raises and cost of living increases need to be given on a fixed annual schedule as opposed to the current system.

3. Non-profit corporations must be given the financial ability to offer a complete array of benefits such as a retirement plan and cost-effective as well as comprehensive life, dental, and health insurance.

4. To keep personnel effective and enhance employment longevity, professional advancement and career ladder opportunities must be available.

As Direct Care staff who are committed to the "quality of life" for the people we serve, we feel that the legislators who set the budgets should be equally committed to the "quality of life" for Direct Care staff.

We appreciate your consideration in this matter.

12 signatures

Sincerely,

Sheila M. Wilson
Job Coach
Job Connection, Inc.

Steve Abdalal
Job Coach
Job Connection, Inc.

Tammy Hogan
Job Coach
Job Connection, Inc

Pat. Hill Supv Ins Billings Training Ind.
Jan Ronning-Dodd - Supervising Behavior Specialist
Sheila McFarland Instructor II
Kellie Milron Noehring Instructor I

Tammy Frost Instructor I
Mary Lou Anderson, Instructor I
Kim Lawrence - Inst. II
Sue D. Griep inst I
Kim Moyer Inst. I

Pearl L. Harness -	Night Coordinator -	REM COLTON - MT.
Joel Temple	Program Coordinator -	" " "
Marcy DuBray	Coordinator	Rem Colton Mt.
Rose Davidson	Coordinators	Rem Colton MT
Gail Rasmussen	Coordinator	Rem Colton MT
Beth McCoy	Unit Coordinator	REM-MT, Inc.
Shelli Fenton	coordinator	Rem colton, MT.
Shari Raines	Coordination	Rem Heritage
Anna Jones	coordinator	Rem Heritage
Kathy Pfeifer	coordinator	Rem Heritage
Douglas M Iams	coordinator	Rem Heritage
(Swygerty)	coordinator	Rem Heritage
Helen Pease	Unit Coordinator	Rem Heritage

Deb Siewert,
Y.W.CA-IL Programs Trainer
Y.W.CA. Independent / Transitional Living

Dan E Paul
YWCA - Transitional Living Trainer

Don Forbes
YWCA - Transitional Living Trainer

Dixie Clark - YWCA Independent Living TRAINEE

Jim McCoy, Director
YWCA IL/TL Program

Colette Hagan

Patty Nichols - assistant job coach - Job Connection

Don L Nave, Jr. - Human Resource Coordinator - Billings Workshop, Inc.

Ruby Kelling - Human Resource Technician - Billings Workshop Inc.

Diane Eddy - Small assembly / Billings Workshop

Cora Helm — small assembly trainer / BWI

Ronda Lee Needletrades / BWI.

RoxAnne Rowe - Training Specialist BWI

Yellowstone

Susan Marie Fisher trainer

Margaret M Willingham Manager

Janet Mattheis - manager

Jerry Bowman

Group Home Manager

Earl Yate

~~[illegible]~~

Weekend Techinicon

Morris

Sharon Carter

[illegible] K. Jones

Cheryl L. Buck

Virginia M. Pensis

N. 18th Street

Joe M Holt
Substitute

Peggy Knapp, Manager
Gloria Scott Trainer

Fair Park Group Home
241 Fair Park Dr. Blgs. Mt.
59102

Gary D. Knopp - trainer
Mike Walker - PO Manager
Marty Petice - trainer

9'

Shelley Huselby (Techician)

Angie Clark – trainer

Jacquelee Bowman - Trainer

Teresa Hall

Lisa Hofferber

Barbara Wages

Jeanne Carranco

Sue Jacobson

Dana Machain

Nancy K. Myers

Shirley Wilbur

Joan Grauman

Denise S. Smith

EXHIBIT 13
DATE 1-26-8

Flathead Association
for Retarded Citizens
P.O. Box 1122 • Kalispell, Montana 59903-1122
Our Goal A Meaningful Life

January 24, 1989

Chairman of the Subcommittee of
Human Services
Capitol Station
Helena, MT 59620

Dear Chairman:

The Flathead Association for Retarded Citizens with the cooperation of the people in Flathead County have constantly supported and worked for community programs and would hope that you would continue to support our programs by considering the increase of salaries our providers are asking for, so we could continue to keep up the standard of our community programs.

The appropriation for direct care staff was discussed at our F.A.R.C. meeting and was endorsed by our entire membership.

Thank you for your consideration of this increase for our providers.

Respectfully,

Art Kienas

Art Kienas, President
Flathead Association for Retarded Citizens

AK:lb

EXHIBIT 14
DATE 1-26-89
HB

The Many Faces of Early Intervention

A look at ongoing research in early intervention.

The last few years there has been a great deal of interest in providing services to babies and young children who may be experiencing difficulty. It is natural to think that early intervention is new. It is not.

Photos courtesy of the Paul H. Brookes Publishing Company.

Photo courtesy of the Association for Children with Down Syndrome

In one way or another, early intervention has been around since the turn of the century, when maternal and child care programs were added to public health services. These services have been continued and expanded through the years to include not only health service oriented and related, issues but also experiences that would lead to optimal development for the child. Most recently, services designed to meet the needs of the entire family, including siblings and grandparents, have been added to early intervention services.

EARLY INTERVENTION IS NOT ONE THING

For parents looking for services for their baby or young child, early intervention will always seem very new and probably very confusing. It is confusing because early intervention is not one thing, but many different things.

In some programs, medical care is provided for newborns who are born at risk. In others, professionals come into the home to help parents learn to care for the child. Other programs have "classes"

Photo by J. Waidler

where young children come and play together. Still others have "classes" where parents meet to learn and share experiences. In some cases, physical and occupational therapy is delivered.

Some programs serve children with only one type of problem, while others serve children with various problems in the same program. Some children are served in regular day care programs, some in Head Start and some in specially organized schools serving only "special-needs" children. Many times early intervention services are provided by school districts.

Most of the programs, however, are a combination of all these possibilities. Depending on the child's individual needs and age, any combination of the large number of possibilities may be the best.

For new parents, who are just beginning the challenge of helping their special child, early intervention will most likely seem like a maze. The following list can be helpful in understanding the characteristics of services that may be available in your community.

BASIC CHARACTERISTICS OF EARLY INTERVENTION SERVICES

Recipient of Service — Infant or child, parents (usually mother), primary care provider, siblings, grandparents or any combination.

By
Carol
Tingey, Ph.D.

Ages Served — Birth to 6 months, birth to 1 year, birth to 2 years, birth to 5 years, 2 years to 5 years, or any combination.

Persons Providing the Service — Trained volunteers, trained paraprofessionals, teachers, physical and occupational therapists, speech therapists, psychologists, social workers, nurses, physicians, or any combination.

Focus of the Services — Motor Development, Cognitive Development, Social Skills, Self Care Skills, Language Development, or any combination.

Location of Services — Hospitals, Public Health Facility, Family Home, Rented Space in Public or Private Building, Head Start Programs, Private Agencies, Regular Day Care, Special Day Care, Schools,or any combination.

Length of Service — 2 hours a month, 1 hour a week, 1 hour a day, or 3 hours a day.

Agencies Responsible — Public Health, Public Education, Specially Created State Agency, Private Corporations, Parent Groups, or any combination.

Funding for Services — State Public Health Monies, State Education Monies, Local Health and Education Monies, United Way/other community donation, Tuition, Federal Funds, or any combination of above.

WHAT IS THE BEST EARLY INTERVENTION?

At this time, no one is sure which is the best type of early intervention. When results of the programs that have been in existence for some time are examined, there is very little definitive proof that one type is better than another or that one method is better than another. Although almost all parents and professionals like early intervention and recommend it, there is little clear-cut scientific proof to show that children and/or families function better when early intervention is part of the early years of children who have disabilities or are at risk for disabilities.

The Early Intervention Research Institute at Utah State University has examined the records of projects that have been pioneers in the field and found that some important questions cannot yet be answered. Some of these questions are:

1. Is more parental involvement better?
2. Are results better if a child begins earlier?
3. Is a longer and more intense program better?
4. Is more structure better?
5. What kind of training is best for teachers and others?
6. Is it better if it is coordinated with the public schools?

7. What type of curriculum is best?
8. Is service in the home better than service in a center?
9. Should each child have a specialized program?
10. What is the best child-to-teacher ratio?

RESEARCH PROGRAMS

It may be many years before we have definitive answers to these questions. The Institute is now implementing longitudinal studies to investigate some of these questions. Each of the studies is designed carefully and will follow the children for a period of years. The costs of each of the programs are assessed. Each study has assigned families randomly to various treatments so comparisons can be made in as unbiased a manner as possible.

Each family participating in these studies fills out a parent consent form that informs the participant of the purpose of the research. The study involves the random assignment of an infant to one of two treatment conditions. The parents are told they have a 50/50 chance of being assigned to the expanded services intervention program. Unfortunately, it is not possible to provide the expanded services to all children.

The potential benefits to an infant from this research are the possibility of improved functioning. In addition, all infants will receive a complete assessment, which would not have been available previously. All records pertaining to the infant are kept confidential; he or she will not be identified by name. Parents can withdraw from the study at any time.

Assessment is made of a child's progress by a trained person who is not associated with the program and has no personal bias about the program. This means that the individual responsible for evaluating the progress of the child will not know in which program the child has been involved, nor will this individual's job security be related to the "success" of a program. Protections of this kind make it possible to describe the results as objective. In addition, descriptions of the families are gathered. Measures will be taken annually to determine not only the immediate impact, but also the long term effectiveness of the programs.

The studies and their focus are explained in following chart. As these brief descriptions show, children in the control group receive a general program of early intervention, while children in the variable group receive a more specific program that varies the amount of time, the people involved and the place where the intervention occurs. By structuring the research in this manner, the programs should provide some answers to the questions aforementioned, by showing that one program is clearly better than another.

Of course, it is exciting to know that all of these research projects are happening, but parents with young children cannot wait for the results, because children are young only once. Today's parents must use their own judgement in deciding how best to provide for the needs of their children.

Brief Descriptions of Ongoing Longitudinal Studies of Early Intervention

STUDY 1

Children: **Brain Hemorrhage or Low Birth Weight**
Age: 3-15 months
Comparison: Medical follow-up only VS. Home training to parent by paraprofessional in all areas of development twice monthly plus a medical follow-up

STUDY 2

Children: **Visually Impaired**
Age: birth-30 months
Comparison: Weekly parent-infant session, parent given information to help child with all areas of development—back up staff and paraprofessional teacher VS. Twice monthly one hour parent meeting and assigned readings

STUDY 3

Children: **Hearing Impaired**
Age: 22-36 months
Comparison: Once a week center service; monthly home visit VS. Intense language program; weekly group sessions; one 2 hour individual session plus monthly home visit

STUDY 4

Children: **Mild to Severe Disability; various disabilities**
Age: birth-4 years
Comparison: Four home visits by paraprofessional teacher who designs individual goals and brings toys VS. Eight visits per month, same program

STUDY 5

Children: **Severely Disabled; various conditions**
Age: 4-27 months
Comparison: Once a week individual parent/child session in center in all areas of development VS. Three times per week, same program

STUDY 6

Children: **Brain Injured Children; victims of severe trauma**
Age: birth-3 years
Comparison: Medical follow-up only VS. Medical follow-up and immediate or later in-home assistance with all areas of development

STUDY 7

Children: **Brain Hemorrhage at Birth (IVH)**
Age: 3-42 months
Comparison: Medical follow-up only VS. Twice a month 1 hour session with licensed physical therapist instructing parent/child in all areas of development and a medical follow-up

STUDY 8

Children: **Severely Disabled; various disabilities**
Age: 10-34 months
Comparison: Parent group operated day care center based; in-service training for paraprofessional teachers VS. Classroom instruction and in-class feedback for paraprofessional teachers

STUDY 9

Children: **Moderate to Severe; various disabilities**
Age: 35-72 months
Comparison: Center based program VS. Center based program plus parent training

STUDY 10

Children: **Mild to Severe; various disabilities**
Age: 22-50 months
Comparison: Center based program VS. Center based program plus parent training

STUDY 11

Children: **Hearing Impaired**
Age: 18-60 months
Comparison: Oral/aural VS. Total communication

STUDY 12

Children: **Moderate Speech Disorders**
Age: 3-4 years
Comparison: Home based trained parents VS. Center based trained child

STUDY 13.

Children: **Down syndrome**
Age: birth-5 years
Comparison: Extensive interdisciplinary center based program VS. Above program and individualized parent training and support by licensed psychologist and social worker

Current issues are described more thoroughly in Carol Tingey's new book, *Implementing Early Intervention,* excerpted in this issue's *From the Bookshelf.*

Carol Tingey is a member of the Editorial Advisory Board of EXCEPTIONAL PARENT. She is currently a practicing psychologist in the northern Utah area and a researcher at the Early Intervention Research Institute, a university-affiliated developmental center for people with disabilities.

A rural community for children with mental retardation and other handicaps

- Beautiful homes with permanent houseparent families, small groups, no shift workers, natural foods, live-in staff.
- Waldorf Education curriculum emphasizing creativity, with academic and practical skills for mind, heart, body.
- Curative approach toward individual needs. Wide variety of therapeutic treatments, resident doctor.
- Diverse social and recreational opportunities, custom-built homes, community center, school building, craftshops, 60 acres rolling woodland.
- International affiliates, founded 1939, nationally recognized.

BEAVER RUN
CHILDREN'S VILLAGE
FOR INFORMATION CONTACT:
Camphill Special Schools, Inc.
Glenmoore, PA 19343
(215) 469-9236

CHILDREN WITH CEREBRAL PALSY NEED COMPREHENSIVE, INTENSIVE PROGRAMS

Because of their multiple handicaps, many children with cerebral palsy need:

Physical Therapy
Occupational Therapy
Speech and Language Training
Communication Aids
Special Educational Programs
Specialized Medical Attention
Adapted Recreational Activities

These and other services are available for children 2 to 21 years of age at HMS School for Children with Cerebral Palsy, formerly Home of the Merciful Saviour for Crippled Children, a non-sectarian, residential, licensed private school. Qualified, experienced staff members work closely with an active group of consultants in several medical specialties, psychology, education and speech pathology to provide high quality, individual habilitation and education programs. For information write to:

Diane L. Gallagher, Director
HMS School for Children
with Cerebral Palsy
4400 Baltimore Avenue • Philadelphia, PA 19104
(215) 222-2566