

1. Standardize contracts between all entities instead of having each division develop their own specialized contracts. This would save time and trouble on the part of all parties.
2. Eliminate group home licensing or eliminate this portion of the jobs that DDP field staffs engage in.
3. Compare the number of FTE's in the Developmental Disabilities Program with neighboring states. I think that you will find that we have way more state staff compared to neighboring states. It would be easy to compare how many staff we have compared per client compared to other states. The state is too top heavy and has too many employees. We have one FTE devoted to overseeing our program out of the Missoula office. That office has at least four staff that do quality assurance reviews of programs in this region that included one program in Hamilton, three in Missoula and us. There are also some smaller mom and pop operations as well. A comparison could be drawn with the mental health system that has no regional oversight for a system that has way more clients.
4. Streamline auditing processes – we are audited by seven different auditing entities.
5. Review the process by how employees who retire are able to return on contract.

# AMPHO

Association of Montana Public Health Officials



Public Health  
Prevent. Promote. Protect.

September 3, 2010

Dear Senator Wanzenried and Members of the Interim Finance Health and Human Services Sub-Committee:

As you take on the difficult examination of budgetary options for the Montana Department of Public Health and Human Services contained within the Reference Book, we thought it would be helpful for you to hear from Montana's local public health officials who are often on the front-line of serving Montanan's likely affected by your decisions.

Being managers of local public health budgets, we are clear-eyed about the current fiscal situation. Our comments are aimed at sorting out the most essential services from the many beneficial services under review. In that light, we have identified **three critical yet low-cost public health investments that must be retained in order to forestall future entitlement program expenses and outbreaks of contagious disease.** Specifically, we ask that you:

- 1) Retain optional Medicaid **targeted case management services for pregnant women (page 21 of the Reference Book).** This very small portion of Medicaid funding provides partial reimbursement for local public health nurses who intervene with high-risk pregnant women in order to improve the incidence of healthy newborns. Most of the women served are Medicaid recipients and their newborns will be as well. Providing case management services for these women during pregnancy improves their nutrition and other healthy behaviors; increases earlier access to prenatal care; reduces their use of alcohol and tobacco -- all of which reduce the likelihood of costly and vulnerable, low-birth weight babies.
- 2) Retain the mix of general fund allocation along with fees for **Montana's public health/environmental laboratories (page 10).** Should these critical laboratory services be diminished via funding by fee structure only, we will not be able to identify and stop the spread of foodborne and contagious diseases early enough to prevent potentially life-threatening outbreaks. Faced with more fees, local jurisdictions, medical providers, and potentially contagious patients may forego a lab analysis that may not be necessary for patient treatment, but is essential for protecting other Montanans from contagious disease.
- 3) Retain general funds supporting the **food and consumer safety bureau (page 13);** **furthermore**, we strongly caution against any action that further reduces the share of license fee revenue that goes to local jurisdictions. As evidenced in HB 331 testimony of the 2009 session, license fee revenue is inadequate and local taxpayers already bear the vast majority of the costs of these state mandates. Doing so jeopardizes other important local public health programs. The costs and funding of these state mandates are under review by the Legislative Auditor. In this age of large-scale foodborne outbreaks, we need to retain the tools at all levels of government to protect people from foodborne illness.

We thank you for the opportunity to comment and can provide more specifics as you require.

Sincerely,

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