This information can be made available in an alternative format. Please contact the Department.
December 3, 2007

The Honorable John Hoeven  
Governor of North Dakota  
600 E Boulevard, First Floor  
Bismarck ND 58505-0001

Dear Governor Hoeven,

On behalf of the employees of the North Dakota Department of Human Services, I am pleased to submit to you this 2005-2007 Biennial Report, which summarizes the department’s accomplishments, and documents expenditures, caseloads, and service utilization.

The majority of the Department’s expenditures are related to the delivery of health and health-related services. When combined with human services administered by the Department, this Cabinet Agency directly impacts the quality of life of about one in five North Dakotans. The Medicaid dollars and other funds that flow through the Department to public, private, and non-profit health and human service providers have a significant economic impact.

With your support, the Department successfully responded to a number of challenges. The Medical Services Division stepped in to ensure that low-income Medicaid clients who also qualified for Medicare did not lose access to important prescriptions when their payment source changed to the federal Medicare Part D prescription drug program. Staff spent thousands of hours working with federal officials, pharmacies, counties, and Medicaid clients to meet individual needs during the transition.

During the biennium, a Developmental Center Transition Task Force was established, and Department staff continued collaborating with other partners to strengthen community-based services and supports so that frail elderly and other individuals with disabilities could receive services in less restrictive settings.

To address the obstacles rural residents face accessing services, the Department provided mental health and substance abuse treatment outreach and continued to explore technology solutions such as telemedicine to deliver services in remote areas.

The Department remains committed to supporting the self-sufficiency, independence, and well-being of low-income single-parent families, elderly individuals, and infants, children and adults with disabilities. We remain the state’s safety net for many of its most vulnerable individuals and take that responsibility very seriously.

Sincerely,

Carol K. Olson  
Executive Director
Supporting the Governor in his commitment to enhancing North Dakota's quality of life by continuing to care for our citizens and to build strong communities.

The North Dakota Department of Human Services 2005-2007 Biennial Report contains information about the Department’s programs, services, caseloads, and expenditures in accordance with North Dakota Century Code requirements.

Financial and caseload date prepared by the Fiscal Administration Division, Paul Kramer and Carmen Jackson

Editor, Heather Steffl, with support from Twyla Lee, Carrie Platt, and Tove Mandigo
Table of Contents

- Mission and Guiding Principles ................................................................. 2
- Organization Background and Structure .................................................... 2
- Human Services Funding: Funding Distribution and Administrative Costs .... 4
- Organizational Chart .............................................................................. 5
- Management/Administrative Support Services ........................................... 7
- Program and Policy Divisions ................................................................... 8
- Aging Services Division ........................................................................ 10
- Children and Family Services Division ..................................................... 12
- Child Support Enforcement Division ....................................................... 14
- Disability Services ............................................................................... 17
- Economic Assistance Policy Division ....................................................... 19
- Medical Services Division ...................................................................... 22
- Mental Health & Substance Abuse Services Division ............................... 26
- Field Services Expenditures .................................................................... 28
- Regional Human Service Centers ........................................................... 29
- Regional Human Service Center Contact Information .............................. 31
- Regional Human Service Center Expenditures ......................................... 32

Institutions

- State Hospital .......................................................................................... 33
- Developmental Center ............................................................................ 36

Appendices: Actual Expenditures 2005-2007 Biennium ............................. 39
Mission
Our mission is to provide quality, efficient and effective human services, which improve the lives of people.

Guiding Principles
1. The Department of Human Services has the responsibility to serve our state’s most vulnerable people
2. Planning, evaluation, budgeting and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented.
3. Essential core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence.
4. Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency.
5. Services will be designed to accommodate specific regional needs, with resources allocated in a cost-effective manner to create alternative solutions to reach rural and urban populations.

Organization Background and Structure
The N.D. Department of Human Services is an umbrella agency that employs about 2,000 employees and administers over 100 legislatively authorized programs that are provided through the cooperative efforts of the Department, counties, the tribes, and service providers. Department programs and services have been estimated to touch about one in five North Dakotans. The Governor appoints the Department’s executive director who is a member of the Governor’s Cabinet. The Department provides direct services, program direction and technical assistance, sets standards, conducts training, manages the computerized eligibility, information and reporting systems, and manages services within its appropriated budget.

Cabinet Management Structure Established
In order to be more responsive to changes in the human services system whether due to federal actions or evolving local and state issues, the Department established a Cabinet management structure during the biennium. This organizational change, which became effective January 1, 2006, was implemented to strengthen collaboration, service coordination, communication, and long-range planning across divisions, programs, and services. Direct clinical and treatment services continued to be provided through the institutions: the State Hospital and Developmental Center, which shared some key staff and expertise, as well as through the eight regional human service centers. The human service centers provided an array of community-based mental health and substance abuse treatment services as well as other services directly or through contracts with other service providers.
Long Term Care Services Realigned

Along with the leadership realignment, the Department consolidated all Medicaid waivers and home and community-based services. Pooling staff expertise and placing responsibility and accountability for all Medicaid waivers within the Medical Services Division was intended to assure better alignment and oversight, greater consistency in policy, and improved responsiveness to clients and providers. It also placed a greater focus and awareness of home and community-based services and disability services in the continuum of long-term care services, which some people rely on from birth.

The Department continued to administer health and human service programs and policies through central office divisions, which in turn partnered with counties, public and private providers, and other agencies and organizations to serve individuals and accomplish their goals and objectives.

Addressing Workforce Challenges

The Department’s turnover rate continued to grow annually and reached 14.56 percent in 2006. The Department testified before legislative committees about the challenges faced competing with the private sector especially in the areas of recruiting and retaining clinical staff and direct care staff.

Human Services began taking the following steps to address current and future staffing needs:

- Started to assess current and future staffing needs and skills by division and to explore recruiting based on skills sets rather than specific degrees
- Began adopting policies that support flexible work situations. In addition to the infant-at-work policy, the Department supported telecommuting, altered work hours, job sharing, and offered recruitment, referral and retention bonuses
- Supported tuition assistance and on-going training for employees who chose to obtain additional skills and knowledge to use to serve clients and support the mission of the Department
- Initiated and completed planning in order to implement a Leadership Development program for employees
- Continued to review personnel policies and procedures in order to effectively respond to human resource and employee needs
Human Services Funding

The Department received and distributed funds appropriated by Congress and the N.D. Legislature for the purpose of providing health and human services. Most funds were distributed directly to service providers or supported the direct services provided at the state institutions and regional human service centers. Some were distributed directly to vulnerable individuals whom the counties determined qualified for programs and benefits.

N.D. Department of Human Services
Department-Wide
Administrative Costs
2005-2007 Biennium

Percent of Budget Expended for Administrative Costs = 6.19%

<table>
<thead>
<tr>
<th>Administrative Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration / Support</td>
<td>$10,679,728</td>
</tr>
<tr>
<td>Information Technology Services</td>
<td>$32,289,957</td>
</tr>
<tr>
<td>Program and Policy</td>
<td>$27,086,700</td>
</tr>
<tr>
<td>Human Service Centers</td>
<td>$15,487,066</td>
</tr>
<tr>
<td>Institutions</td>
<td>$12,164,338</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$97,707,789</strong></td>
</tr>
</tbody>
</table>

Where Did the Money Go?
Department-wide Total Funds
$1,579,178,197

* Includes TANF, JOBS, Child Care, Food Stamps, Heating Assistance, IV-D Tribal, IV-D Judicial, Child Welfare, Aging, Mental Health, Substance Abuse, Vocational Rehabilitation, and Non-Medicaid Developmental Disability grants and services.
Management/Administrative Support Services

Include

- Executive Office
- Fiscal Administration
- Human Resources
- Information Technology Services
- Legal Advisory Unit
- Provider Audit
- Public Information
- Research Team
- Tribal Liaison

Accomplishments

- Continued to actively participate in and provide financial and other support to the Governor’s Olmstead Commission, which sponsored pilot programs to support services in less restrictive settings and produced an Olmstead Plan, which is a working document and continues to guide efforts to change service delivery systems serving people with disabilities
- Implemented a Cabinet Management Structure and realigned long-term care continuum services in one budget area
- Contracted for the development of a new Medicaid Management Information System (MMIS) to improve Medicaid business processes including provider payments and program management
- Developed and implemented wellness plans at the Department’s locations and, as a result, qualified for a premium discount from the N.D. Public Employees Retirement System

Department’s Major Expenditures
2005-2007 Biennium
Program & Policy Divisions

Include

- Aging Services Division
- Children and Family Services Division
- Child Support Enforcement Division
- Disability Services Division
- Economic Assistance Policy Division
- Medical Services Division
- Mental Health and Substance Abuse Services Division

Expenditures for Program and Policy Divisions 2005-2007 Biennium
Program and Policy Divisions

Appropriated Expenditures and Continuing Appropriations
2005-2007 Biennium

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$353,317,940</td>
<td>23.3%</td>
</tr>
<tr>
<td>Federal</td>
<td>$908,279,503</td>
<td>59.8%</td>
</tr>
<tr>
<td>Other</td>
<td>$58,828,218</td>
<td>3.9%</td>
</tr>
<tr>
<td>Child Support Collections</td>
<td>$196,798,192</td>
<td>13.0%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,517,223,853</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Appropriated Expenditures
$1,320,425,661 87.0%

Continuing Appropriations
Child Support Collections
$196,798,192 13.0%
Aging Services Division

1237 W Divide Avenue, Suite 6
Bismarck ND 58501

Division Director: Linda Wright

Phone: 701.328.4601
N.D. Relay Service: (text) 1.800.366.6888 or (voice) 1.800.366.6889
FAX: 701.328.4061
Senior Info Line: 1.800.451.8693
E-mail: dhsaging@nd.gov

The division distributed funding, monitored contracts, developed policy, and administered programs and services that benefitted individuals age 60 and older, as well as younger adults who had physical disabilities. Services were state and federally-funded and supported individuals to live independently in their homes and communities and helped enhance individual quality of life.

Services

- Administer adult family foster care licensing
- Information and assistance (Senior Info Line and Web site)
- Long-Term Care Ombudsman Program (Intended to resolve concerns of individuals residing in skilled nursing facilities, basic care facilities, and assisted living facilities)
- National Family Caregiver Support Program, which provided respite and other supportive services to family members caring for loved ones who were elderly and disabled, and also served grandparents and other older relatives who were caring for children
- Administer and distribute funding for Older Americans Act services such as senior meals including home-delivered meals, health maintenance screenings, and outreach services
- Vulnerable adult protective services to address exploitation, abuse, and self neglect situations
- Administer the Telecommunications Equipment Distribution Program
- Administer the state allocation of the Senior Community Service Employment Program
- Administer the Guardianship Program for Vulnerable Adults

Service Delivery System

While Division staff in the state office provided some direct services such as staffing the Senior Info Line and providing some ombudsman services and vulnerable adult protective services, “aging services” were also provided by staff located in the Department’s eight regional human service centers, and by county social service office employees, or through contracts with non-profit providers and tribal entities.
Aging Services Division Accomplishments

- Received one of only six federal Administration on Aging pilot grants to states to expand legal services to low-income seniors by implementing a legal assistance hotline and ensuring culturally appropriate services for Native Americans and the state’s immigrant and refugee populations.

- Applied for and received funding through the federal Administration on Aging and the Centers for Medicare and Medicaid Services for providing Medicare Part D enrollment assistance to seniors. Because plan comparison tools are on-line, grant funds provided laptop computers and printers to Older Americans Act outreach workers in the counties and reimbursed them for their time. Together workers devoted 5,764 hours to this effort and helped 9,471 seniors compare, select and enroll in an appropriate Medicare Prescription Drug Plan.

- Continued to implement the Alzheimer’s Disease Demonstration Grant building collaboration between the medical community, the community service network, and the North Dakota Family Caregiver Support Program to increase early dementia identification, treatment options, and caregiver respite. The Dakota Medical Foundation presented its Star Award to this effort in recognition of services provided to caregivers.

- Contracted with Minot State University on a federal Real Choice planning grant to explore ways of balancing resources in the long-term care continuum and enhancing access to services.

- Responded to 1,702 concerns received by the Long-Term Care Ombudsman Program from residents of long-term care facilities, their family members, or facility staff during the biennium. Concerns often related to transfers and discharges, guardianship, power of attorney, and family conflict or interference.

- Provided important respite, support, and training to 619 family caregivers through the North Dakota Family Caregiver Support Program, and piloted an effective telephone support group for caregivers in the Dickinson region.

- Held public hearings across the state and gathered input from 895 individuals before finalizing the State Plan on Aging, which will guide programs and services through 2010.

- Collaborated with the Mental Health and Substance Abuse Services Division to host polycom training on “Mental Health Issues and Older Persons,” training 32 individuals who then gave educational presentations in communities across the state reaching 720 interested individuals.

- Assumed responsibility for administering the Senior Community Service Employment Program in July 2006, which provides on-the-job training and part-time employment to displaced workers age 55 and older. The program subsequently served 143 individuals.
Children and Family Services Division

600 E Boulevard Avenue, Dept. 325
Bismarck ND 58505-0250

Division Director: Paul Ronningen

Phone: 701.328.2316
TTY: (text) 1.800.366.6888
Fax: 701.328-3538
E-mail: dhscfs@nd.gov

Services focused on the safety, permanency, and well-being of children and families and were provided by county social service offices or through contracts with non-profit providers and tribes. The division distributed funding, monitored contracts, developed policy, provided technical assistance, and performed administrative functions related to the delivery of the child welfare services listed below:

- Adoption (recruitment, assessment, placement, and follow-up services, subsidies, birth-family services, child placement agency licensure, etc.)
- Child protection (child abuse and neglect prevention and investigation)
- Early childhood services (child care provider licensing, training, etc.)
- Family preservation services (case aide, intensive in-home, respite, and related services)
- Foster care and kinship care
- Head Start State Collaboration Office
- Refugee assistance

Foster Care in North Dakota

Monthly Average Number of Cases and Expenditures by State Fiscal Year

<table>
<thead>
<tr>
<th>SFY01</th>
<th>SFY02</th>
<th>SFY03</th>
<th>SFY04</th>
<th>SFY05</th>
<th>SFY06</th>
<th>SFY07</th>
</tr>
</thead>
<tbody>
<tr>
<td>881</td>
<td>914</td>
<td>955</td>
<td>989</td>
<td>979</td>
<td>968</td>
<td>869</td>
</tr>
</tbody>
</table>

Subsidized Adoption in North Dakota

Monthly Average Number of Cases

<table>
<thead>
<tr>
<th>SFY01</th>
<th>SFY02</th>
<th>SFY03</th>
<th>SFY04</th>
<th>SFY05</th>
<th>SFY06</th>
<th>SFY07</th>
</tr>
</thead>
<tbody>
<tr>
<td>403</td>
<td>477</td>
<td>539</td>
<td>611</td>
<td>673</td>
<td>744</td>
<td>816</td>
</tr>
</tbody>
</table>
Children and Family Services Accomplishments

- Partnered with the Village Family Service Center to obtain a grant for Family Group Conferencing, which brings extended family members together to participate in planning and assisting with the care of children who need out-of-home care.

- Collaborated with Burleigh County and the local Native American community to implement a Native American Foster Parent Recruitment initiative to identify barriers, enhance the cultural competency of services, and conduct culturally appropriate outreach to educate the community about this unmet need and to recruit potential foster parents.

- Provided subsidies for an average of 780 children with special needs per month for general support and to sustain needed treatment and services following their adoption from the foster care system.

- Expanded Kinship Care so that more children removed from their homes due to suspected abuse or neglect could be cared for by relatives instead of strangers, and used Temporary Assistance for Needy Families (TANF) funds to ensure that relative caregivers received the same financial help that foster parents receive when children unexpectedly join their households:
  - Kinship placements comprised 26 percent of all child placements.
  - Thirty-four percent of foster children were in family foster care homes, and 11 percent were in pre-adoptive homes.
  - Twenty-nine percent of foster children were in facility-based care.

- Collaborated with the Mental Health and Substance Abuse Services Division on efforts to expand the Voluntary Treatment Program. This made it possible for parents of children with serious mental health needs and who qualified for Medicaid to avoid having to give up their parental rights so that their children could access costly facility-based treatment services.
North Dakota's Child Support Enforcement program remained committed to ensuring that children received the support they deserve. During the 2005-2007 biennium, the Child Support Enforcement program provided services to thousands of children and parents by working with eight county-run Regional Child Support Enforcement Units, the court system, employers, and other divisions and agencies.

The program provided a variety of services depending on the type of child support case. IV-D child support cases were opened when either parent applied for services, or when a child received public assistance through Temporary Assistance for Needy Families (TANF), foster care, or Medicaid. The division received and paid out all child support payments (for both IV-D and non-IV-D cases) through the federally-required State Disbursement Unit.

**Child Support Enforcement Expenditures**

2005-2007 Biennium

<table>
<thead>
<tr>
<th></th>
<th>Funding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$668,541</td>
<td>11.8%</td>
</tr>
<tr>
<td>Federal</td>
<td>$4,148,826</td>
<td>56.3%</td>
</tr>
<tr>
<td>Other</td>
<td>$2,333,551</td>
<td>31.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,370,918</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Collections from Obligors

Paid to Families

(Continuing Appropriation*)

$196,798,192 96.4%

Appropriated Expenditures $7,370,918 3.6%

* Fully Automated Child Support Enforcement System

** NDCC 14-09-25 provides a continuing appropriation for child support paid to families.

**NOTE:** The State Disbursement Unit collected $215.2 million during the 2005-2007 biennium. These collections were used as follows:

- $200.4 million Grants Paid to Families
- $7.2 million retained by the State to offset grant expenditures
- $7.6 million credited to the Federal Government
Services

The regional child support enforcement units provided child support establishment and enforcement services. The courts were responsible for issuing court orders, and establishing custody, child support, medical support, and visitation.

The Department’s Child Support Enforcement Division provided:
- Parent locate services
- Customer service
- New hire reporting (a program for employers)
- Policies, procedures, instructions, and training
- State Disbursement Unit services
- State level enforcement activities such as tax refund intercept, credit bureau reporting, financial institution data match, and other tools

Child Support Enforcement Accomplishments

- Disbursed $200 million in child support during the biennium through the State Disbursement Unit to meet the needs of children
- Ranked second nationally among states and territories in 2006 for its overall performance on five federal measures: establishing paternity, cases with court orders, current support collected, collection arrears, and cost effectiveness
- Was honored along with Job Service North Dakota and the Department’s Temporary Assistance for Needy Families (TANF) program, for developing and implementing the Parental Responsibility Initiative for the Development of Employment (PRIDE) program, which provides employment related services to noncustodial parents who owe child support
  - PRIDE received the Office of Child Support Enforcement Commissioner’s Award for Innovative Partnership
  - PRIDE received the Council of State Governments regional and national Innovations Program Awards
- Received 2006 Western Interstate Child Support Enforcement Council’s Excellence Award for Outstanding State Program.
- Convened a task force of stakeholders that developed a report and bill draft transferring administration of child support enforcement services to the state. The 2007 Legislative Assembly approved the bill, which should produce cost savings to counties. A transition plan was implemented transferring the regional enforcement units and their staffs to the Department at the start of the 2007-2009 biennium.
- Improved customer services by enhancing the Web site so that custodial and noncustodial parents could apply on-line for services
- Implemented an automatic electronic notification system to notify parents via phone or e-mail about important information regarding their child support cases
Accomplishments (continued)

- Signed a cooperative agreement with the Three Affiliated Tribes to coordinate child support enforcement programs. The tribe received a federal grant to start a Tribal Child Support Enforcement Program, and the Department agreed to provide assistance, at no cost, under the cooperative agreement.

- Received a three-year federal 1115 demonstration grant to improve collaboration and services to better meet the needs of children and families served by both the child welfare and child support enforcement systems. Grant goals include stabilizing families financially and providing other family supports.

### Annual Child Support Receipts in North Dakota
Calendar Years 1998-2007
(Figures are in Millions)
Disability Services

1237 W Divide Avenue
Bismarck ND 58501-1208
Division Director: Yvonne M. Smith (retired June 2007)

Developmental Disabilities Division – Suite 1A
Director: JoAnne Hoesel (effective July 2007)

Phone: 701.328.8930
TTY: 701.328.8968
FAX: 701.328.8969
E-mail: dhsds@nd.gov

The Division supervised the delivery of a variety of services to people with developmental disabilities. Private providers and employees of the Department’s regional human service centers provided most of the direct services. Services included support and training for individuals and families in order to maximize community and family inclusion, independence, and self-sufficiency; and were intended to prevent institutionalization and to enable institutionalized individuals to return to the community.

Services

- Case management, day support services, residential support services for qualifying individuals with developmental disabilities
- Disability determination services (provided under a federal contract)
- Family support and other developmental disability services
- Infant development services (serving children up to three years of age)

Disability Determination Services Division – Suite 4
Director: JoAnne Hoesel (effective July 2007)

Phone: 701.328.8700 / Toll Free: 1.800.543.2048
FAX: 701.328.8709

The Division conducted disability determinations under a contract with the federal Social Security Administration.

Vocational Rehabilitation Services Division - Suite 1B
Director of Vocational Rehabilitation: Nancy McKenzie (effective July 2007)

Phone: 701.328.8950 / Toll Free: 1.800.755.2745
TTY: 701.328.8968
FAX: 701.328.8969

This division provided training and employment services to individuals with disabilities so they could become and remain employed. It also provided services to help people with vision impairments to remain living in their homes. Consultants with the division worked with large and small employers to address disability issues in the workplace.
Services

• Vision services
• Vocational rehabilitation services for clients
• Rehabilitation Consulting and Services for businesses
• Client Assistance Program

Disability Services Accomplishments

• Helped 1,822 people with disabilities to become employed or to maintain their employment during the biennium by providing Vocational Rehabilitation services

• Assisted 1,041 people age 55 and older who were affected by vision impairments or blindness to remain living in their homes after receiving services through Vocational Rehabilitation’s Older Blind Services Program

• Strengthened collaboration with the N.D. Department of Public Instruction’s Special Education Unit to develop regional transition steering committees to more effectively transition students with disabilities to higher education or the workforce

• Assisted the national Council of State Administrators of Vocational Rehabilitation to develop a marketing plan modeled after North Dakota’s Rehabilitation and Consulting Services business outreach and service initiative

• Participated in the Developmental Center Transition Task Force working to help residents transition to community settings

• Partnered with the Medical Services Division to implement a Medicaid waiver enabling people with disabilities to direct their own care

• Implemented a 12-month multi-media campaign to heighten public awareness of disability-related issues in North Dakota

• Partnered with the federally-funded Disability Business Technical Assistance Center to create the “Existing Facility Checklist” CD, a resource on conducting Americans with Disabilities Act worksite assessments that is distributed nationally to businesses and government programs

• Helped the Secretary of State’s Office design a Help America Vote Act training CD to educate poll workers on their roles and responsibilities for assisting individuals with disabilities to vote
Economic Assistance Policy Division

600 East Boulevard Avenue
Bismarck ND 58505-0250

Division Director: Blaine Nordwall

Phone: 701.328.2332 / Toll Free: 1.800.755.2716
N.D. Relay Service: (text) 1.800.366.6888 or (voice) 1.800.366.6889
FAX: 701.328.1060
E-mail: dhseap@nd.gov

Economic assistance programs helped people with low-incomes meet basic food, shelter, and household needs while also promoting self-sufficiency through work readiness and job placement services. These programs aided many working families to make ends meet, and also helped sustain people who were frail and elderly, who had disabilities that impacted their employment or wages, or who were children deprived of the support of one or both parents.

The division was responsible for the administration, policy development, training, and distribution of economic assistance program benefits. County social service offices determined whether individuals qualified for assistance.

Services

• Basic Care Assistance (helping low-income individuals afford this form of long-term care)
• Child Care Assistance
• Estate recovery (for Medicaid and other programs)
• Food Assistance (Food Stamps)
• Low-Income Home Energy Assistance
• Quality review to ensure proper program participation and benefits
• Temporary Assistance for Needy Families (TANF)
• System support (maintaining the computerized eligibility systems, and assisting system users)

Economic Assistance Policy Accomplishments

• Recognized by the U.S. Department of Agriculture for the efforts of people at all levels of the program (especially county eligibility workers) for providing accurate Food Stamp benefits to qualifying low-income people
  • Earned the sixth best ranking among states for 2005 and a $460,933 performance bonus
  • Earned the 11th best ranking for 2006
• Initiated a work group involving county social service employees, advocates, and state program staff and redesigned the Application for Assistance to increase readability and to make it easier for customers to use
• Implemented simplified reporting in the Food Stamp Program in November 2006 so that qualifying low-income households could maintain their food assistance benefits without
reporting each month to their county social service office. The policy change produced better customer service and has the capacity to reduce errors in benefit determinations.

- Helped more households avoid hunger; experienced an 11 percent increase in Food Stamp Program participation

- Implemented TANF Diversion Assistance to provide short-term help to qualifying families to aid them in becoming or remaining self-sufficient. Diversion cash assistance is provided for up to four months within a 12-month period, while individuals address problems that might push them further into poverty.

- Achieved the federally required work participation rate for the TANF program reaching 51.9 percent in Federal Fiscal Year (FFY) 2006 and 56.1 percent in FFY 2007

- Provided the funding necessary to sustain the state’s award-winning Parental Responsibility Initiative for the Development of Employment (PRIDE) program, which provided employment-related services to participating noncustodial parents who owed child support

- Implemented a legislatively approved Alternatives to Abortion Services Program for pregnant women or women who believe they may be pregnant. Provided by nongovernmental entities, services promoted childbirth by providing information, counseling, support services, and referrals so that women could make informed decisions regarding the choice of adoption or parenting their children.

**Temporary Assistance for Needy Families (TANF)**

Monthly Average Number of Families and Expenditures in N.D. by State Fiscal Year

![Graphs showing monthly average number of families and expenditures by State Fiscal Year (SFY)](image-url)
Economic Assistance Policy Division

Food Assistance (Food Stamps) in North Dakota
Monthly Average Number of Families and Expenditures by State Fiscal Year

Child Care Assistance in North Dakota
Monthly Average Cases and Expenditures by State Fiscal Year
The division administered both the North Dakota Medicaid Program, which provided public health coverage and related support services for qualifying families and children, pregnant women, the elderly, and people with disabilities, and the Children’s Health Insurance Program (Healthy Steps), which served only children. The division’s budget also included long-term care services provided in nursing facilities and basic care facilities, as well as home and community-based long-term care services that helped maintain individuals in their homes and communities in order to prevent or delay the need for institutional care.

The long-term care portion of the division’s budget included a wide range of medical and support services for individuals who lacked some capacity for self-care, and were expected to need care for an extended period of time. These services were typically provided to the elderly, people with physical disabilities, and people with developmental disabilities.
County social service offices determined whether individuals qualified for Medicaid health coverage, and the division paid hospitals, clinics, nursing facilities, physicians, pharmacies, dentists, home care providers, and other participating providers for covered Medicaid services. Department staff members and county social service offices both determined eligibility for the State Children’s Health Insurance Program – Healthy Steps.

Medical Services Expenditures
2005-2007 Biennium

Services
- Medicaid policy, provider payments, and medical utilization review
- State and locally-funded home and community-based long-term care services funded through the Service Payments for the Elderly and Disabled (SPED) and Expanded-SPED programs
- Basic Care Assistance payments
- Children’s Health Insurance Program – Healthy Steps eligibility determination
- Health Tracks screenings and services for Medicaid clients up to age 21
- Children’s Special Health Services (pediatric specialty care to diagnose and treat eligible medical conditions, and multidisciplinary clinics and care coordination for children with eligible health conditions)
- Medicaid primary care provider program, which supports consistency of care through a single medical professional in a clinic setting
- Assisted living facility licensing
Medical Services Division

Total of “Other” Medicaid Expenditures

- Durable Medical Equipment: $4,708,391
- Children’s Health Ins. Program: $2,387,471
- Working Disabled: $3,683,931
- Rural Health Clinics: $2,972,033
- Home Health Svs.: $2,441,168
- Federally Qualified Health Centers: $2,352,128
- Special Education: $2,184,069
- Ambulance Services: $2,134,290
- Health Tracks: $2,086,337
- Family Planning Services: $1,961,039
- Optometry Services: $1,828,749
- Transportation Services: $1,551,921
- Laboratory & Radiology Services: $1,487,418
- Breast and Cervical Cancer (WW): $1,244,705
- Psychological Services: $1,204,786
- Speech & Hearing Services: $926,036
- Foster Care Family Support Svs.: $655,277
- Hospice Services: $631,864
- Targeted Case Mgmt - DJS Alt. Care: $598,088
- Chiropractic Services: $300,963
- Targeted Case Mgmt - Pregnant Women: $271,434
- Occupational Therapy: $221,564
- Refugee Assistance: $172,230
- Physical Therapy Services: $82,870
- Private Duty Nursing: $31,644

Medical Services Division

Long Term Care Continuum Expenditures

<table>
<thead>
<tr>
<th>Funding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$294,332,277</td>
</tr>
<tr>
<td>Federal</td>
<td>$370,290,634</td>
</tr>
<tr>
<td>Other</td>
<td>$4,298,060</td>
</tr>
<tr>
<td>Total</td>
<td>$578,900,971</td>
</tr>
</tbody>
</table>

- Nursing Homes: $322,520,167 55.7%
- Basic Care: $12,057,997 2.1%
- Home & Community Based Services: $29,986,904 5.2%
- Developmental Disabilities: $214,341,903 37.0%
Medical Services Accomplishments

- Expanded the Medicaid Medical Advisory Committee to establish a long-term plan for Medicaid program operations

- Covered more children through the Children’s Health Insurance Program – Healthy Steps due to effective outreach efforts conducted by the Dakota Medical Foundation (Covering Kids and Families Grant), a streamlined child health coverage application process, and simplification and alignment of eligibility requirements. Average enrollment increased by over 1,200 children to about 3,575 children covered per month during the biennium.

- Took action to ensure that people who qualified for both Medicare and Medicaid services did not encounter problems obtaining needed medications when their prescription drug coverage shifted to the federal Medicare Part D program on January 1, 2006. The division processed 4,794 prescriptions for 1,724 dual-eligible individuals who initially encountered coverage difficulties.

- Received a federal Money Follows the Person Demonstration Grant that is projected to help about 110 people who qualify for Medicaid and who wish to participate to move from the Developmental Center, intermediate care facilities for the mentally retarded, and nursing facilities into less-restrictive home and community settings.

- Received federal approval to implement the Medicaid Home and Community-Based Services Self-Directed Supports Waiver in July 2006, which allows Medicaid participants who have developmental disabilities and long-term care needs to arrange for and purchase supports and services in order to continue residing in their homes.

- Implemented an interface with the North Dakota Department of Health’s Division of Vital Records to help ensure that eligible individuals were not denied Medicaid coverage solely because they lacked the required paper documents mandated by the federal Deficit Reduction Act in order to verifying their citizenship.

- Applied for and received a federal grant to fund the development of a prescription drug monitoring program to address prescription drug abuse and focusing on highly addictive narcotics. The state Board of Pharmacy operates the program.

- Developed, with stakeholder input, a Medicaid waiver to enable medically fragile children to receive services in their homes. Legislation was introduced and enacted in 2007, which allowed the Department to submit the waiver to the Centers for Medicare and Medicaid Services. The Department is awaiting federal approval.
Mental Health & Substance Abuse Services Division

1237 W Divide Avenue, Suite 1C
Bismarck ND 58501-1208

Division Director: JoAnne Hoesel

Phone: 701.328.8920 / Toll Free: 1.800.755.2719
N.D. Relay Service: (text) 1.800.366.6888 or (voice) 1.800.366.6889
FAX: 701.328.8969
E-mail: dhsmhsas@nd.gov

The division distributed funds from federal block grants and other sources, monitored contracts, developed policy, sponsored training, guided initiatives, collaborated with other resources and providers, and fulfilled administrative responsibilities. In North Dakota, public treatment services continued to be provided through the State Hospital (acute inpatient treatment), regional human service centers, or through contracts with non-profit providers and the tribes.

Services

- Administration of contracted problem gambling treatment and prevention services
- Administration of disaster mental health services
- Administration of mental health treatment and recovery services
- Administration of substance abuse treatment and prevention services
- Conducting education, training, and research related to mental health and substance abuse treatment services
- Contracting for community-based sex offender treatment and management
- Licensing of substance abuse treatment programs/providers
- Operation of the state’s Prevention Resource Center – Library
- Strategic planning in collaboration with the regional human services centers and State Hospital to guide the delivery of public treatment services in North Dakota

Mental Health & Substance Abuse Services Accomplishments

- Implemented evidence-based practices such as the Matrix model, a national treatment model for methamphetamine addiction. Addiction treatment professionals at the Department’s eight regional human service centers were trained along with some private providers, including the Robinson Recovery Center, which also adopted it as a treatment tool.

- Worked in partnership with a nonprofit provider and with legislative support to establish the Robinson Recovery Center residential treatment program for people addicted to methamphetamine. The capacity at the facility doubled during the biennium from 20 to 40 beds.
• Conducted training for State Hospital and regional human service center staff who work with people with mental illness in order to implement the Recovery Model – a consumer-driven care model that supports recovery and utilizes peer to peer support

• Began offering an outpatient community-based sex offender treatment and management program through a contract with Counseling and Psychotherapy Center (referred to as Rule CPC). Previously many individuals received no treatment after they left the corrections system.
  o Treatment involved therapy services, polygraph examinations, risk assessments, and containment team meetings involving a probation office, treatment professional, polygraph examiner, and victim advocate who review each offender’s progress and discuss necessary adjustments to supervision or treatment.
  o The program served individuals who are under the supervision of the Department of Corrections and Rehabilitation and were referred to the program. Participants include offenders who victimized adults and high risk sex offenders who victimized children.
  o Treatment and management services were available in Bismarck, Fargo, Grand Forks, Jamestown, Mandan, and Minot.

• Collaborated with the Juvenile Justice System and child welfare services and conducted training in order to screen all children entering those systems for mental health needs and to refer them to appropriate services if needed

• With the Children and Family Services Division, expanded the Voluntary Treatment Program so that parents of children who have serious mental health needs and who qualify for Medicaid do not have to give up their parental rights so that their children can access costly facility-based treatment services

• Sponsored training for regional human service center clinicians so they could provide more effective treatment and therapy services for children and adolescents who have experienced significant trauma in their lives. Called Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), this evidence-based treatment model benefits children and teens, as well as their parents and caregivers.
Field Services

Includes

- Regional Human Services Centers
  - Bismarck – West Central Human Service Center
  - Devils Lake – Lake Region Human Service Center
  - Dickinson – Badlands Human Service Center
  - Fargo – Southeast Human Service Center
  - Grand Forks – Northeast Human Service Center
  - Jamestown – South Central Human Service Center
  - Minot – North Central Human Service Center
  - Williston – Northwest Human Service Center

- Institutions
  - North Dakota State Hospital
  - Developmental Center

Field Services Expenditures
2005-2007 Biennium
Regional Human Service Centers

Statewide Human Service Center Director: Nancy McKenzie
Phone: 701.328.8926

The Department’s eight regional human service centers continued to function as a network of clinics providing an array of community-based services either directly or through contracts with other service providers. Each served a multi-county area, providing counseling and mental health services, substance abuse treatment, services for people with disabilities, and other related social services. Human service center employees also provided direction and regulatory oversight of some programs provided through county social service offices and other providers.

The human service centers remained an important part of the state’s safety net serving individuals without regard to their ability to pay. Fees continued to be adjusted for income and household size (number of dependents). Insurance was accepted, if available.

The Department continued working to improve service alignment across the human service center regions, to implement common quality measures, and to assess and share resources. To promote this, the Department hired a statewide human service center director, and the four regional human service center directors each managed two regional centers.

Services

- Adult family foster care provider licensing
- Crisis and outreach mental health services
- Developmental disability case management and related services such as day supports, residential supports, and extended supports such as job coaches
- Mental health evaluation and treatment services, care coordination, medication management, and residential and crisis services
- State Hospital admission screening and referral
- Substance abuse evaluation and treatment services including care coordination, case aide, evaluations, treatment, and residential services
- Supervision and regulatory oversight of child welfare services provided by county social service offices and oversight of the Aging Services programs in their regions
- Vocational rehabilitation and vision services
- Vulnerable adult protective services
- Other services
Regional Human Service Center Accomplishments

- Piloted and implemented evidence-based treatment practices by training treatment professionals on new treatment tools to assist clients in their recovery
  - Implemented the Matrix Model, a manualized 16-week, psychosocial approach to treating individuals addicted to methamphetamine. This comprehensive approach uses individual counseling, cognitive behavioral therapy, motivational interviewing, family education groups, drug testing, and participation in 12-step programs.
  - Adopted the Recovery Model, a consumer-driven care model that supports recovery and utilizes peer to peer support, to more effectively serve individuals with serious mental illness
  - Piloted the Integrated Dual Disorders Treatment model for people who struggle with both mental illness and substance abuse addictions
  - Implemented Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), an evidence-based treatment model for children and adolescents who have experienced significant trauma in their lives

- Restructured to a centralized billing and receivable model for Regional Human Service Center services in order to capture the same efficiencies realized by private industry. Benefits included continued progress toward standardizing billing practices across all centers and the potential for improved collections.

- Explored using telemedicine, via webcast, to provide therapy services to people living in rural areas who are impacted by challenges related to increasing travel costs and shortages of treatment professionals
  - In Northwood, N.D., the Northwood Community Health Center contracted with Northeast Human Service Center for therapy time using webcasting technology. The University of North Dakota School of Medicine provided the equipment for the project.
  - Regional human service centers in the more rural regions continued to explore contracting for scarce treatment specialists such as child psychologists or psychiatrists.

- In response to the growing number of clients referred by the Department of Corrections and Rehabilitation (DOCR), representatives for the Department’s regional human service centers collaborated with DOCR staff to assess service needs of common clients in order to determine priorities, reduce program duplication, and improve treatment services
Regional Human Service Center Contact Information:

BISMARCK –
West Central Human Service Center
Director: Tim Sauter

1237 W Divide Ave., Ste 5
Bismarck, ND 58501
Phone: 701.328.8888
Toll Free: 1.888.328.2662
TTY: 1.800.366.6888
Fax: 701.328.8900
Crisis Line: 701.328.8899 or 1.888.328.2112
dhschwchsc@nd.gov

Vocational Rehabilitation:
Phone: 701.328.8800
Toll Free: 888.862.7342
TTY: 701.328.8802

DEVILS LAKE –
Lake Region Human Service Center
Director: Lynn Nelson (ret.)
Kate Kenna

200 Hwy 2 SW
Devils Lake, ND 58301
Phone: 701.665.2200
Toll Free: 1.888.607.8610
TTY: 701.665.2211
Fax: 701.665.2300
Crisis Line: 701.662.5050 [collect calls accepted]
dhslrhsc@nd.gov

Vocational Rehabilitation:
Phone: 701.665.2217
Toll Free: 1.888.607.8610
TTY: 701.665.2211
Fax: 701.665.2300

Outreach Office: Rolla

DICKINSON –
Badlands Human Service Center
Director: Tim Sauter

200 Pulver Hall
Dickinson, ND 58601
Phone: 701.227.7500
Toll Free: 1.888.227.7525
TTY: 701.227.7574
Fax: 701.227.7575
Crisis Line: 701.225.5009 or 1.866.491.2472
dhsbhlhsc@nd.gov

Vocational Rehabilitation:
117 1st St E
Dickinson, ND 58601
Phone: 701.227.7600
Toll Free: 1.888.227.7525
TTY: 701.227.7620
Fax: 701.227.7618

FARGO - Southeast Human Service Center
Director: Nancy McKenzie/ Candace Fuglesten

2624 9th Ave SW
Fargo, ND 58103
Phone: 701.298.4500
Toll Free: 1.888.342.4900
TTY: 701.298.4450
Fax: 701.298.4400
After Hours Crisis Line: 701.232.4357 [FirstLink]
dhssehsc@nd.gov

Vocational Rehabilitation:
Phone: 701.298.4500
Toll Free: 1.888.342.4900
TTY: 701.298.4450

Outreach Office: Rolla

JAMESTOWN –
South Central Human Service Center
Director: Lynn Nelson (ret.)
Candace Fuglesten

520 3rd St NW
Jamestown, ND 58402
Phone: 701.253.6300
TTY: 701.253.6414
Fax: 701.253.6400
Crisis Line: 701.253.6304
dhsschsc@nd.gov

Vocational Rehabilitation:
Phone: 701.253.6388
TTY: 701.253.6414

MINOT – North Central Human Service Center
Director: Marilyn Rudolph

1015 S Broadway, Ste 18
Minot, ND 58701
Phone: 701.857.8500
TTY: 701.857.8666
Fax: 701.857.8555
Crisis Line: 701.857.8500 or 1.888.470.6968
dhsnnchsc@nd.gov

Outreach Offices: Bottineau, New Town, Rugby, and Stanley

WILLISTON –
Northwest Human Service Center
Director: Marilyn Rudolph

P.O. Box 1266
316 2nd Ave W
Williston, ND 58802-1266
Phone: 701.774.4600
Toll Free: 1.800.231.7724
TTY: 701.774.4692
Fax: 701.774.4620
Crisis Line: 701.572.9111
dhsnwhsc@nd.gov

Outreach Offices: Crosby, Tioga and Watford City
Regional Human Service Center Expenditures
2005-2007 Biennium

<table>
<thead>
<tr>
<th>Funding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$53,228,014</td>
</tr>
<tr>
<td>Federal</td>
<td>$51,319,350</td>
</tr>
<tr>
<td>Other</td>
<td>$6,228,516</td>
</tr>
<tr>
<td>Total</td>
<td>$110,775,880</td>
</tr>
</tbody>
</table>

- WCHSC $17,646,062 15.9%
- BLHSC $8,353,355 7.5%
- NWHSC $6,794,210 6.1%
- NCHSC $15,229,119 13.7%
- LRHSC $8,181,773 7.4%
- NEHSC $19,888,555 18.0%
- SCHSC $11,467,497 10.4%
- SEHSC $23,215,309 21.0%
Institutions

The North Dakota Department of Human Services remained committed to providing services in the least restrictive setting and many services are provided in home and community-based settings through the Department’s regional human service centers and hundreds of other service providers. Efforts to transition individuals from institutional to community settings began in earnest in the 1980s and continued during the biennium through efforts to build community treatment and supportive housing capacity, the establishment of a Developmental Center Transition Task Force, and the state’s Money Follows the Person initiative. The State Hospital and the Developmental Center continued to serve as safety net facilities for those individuals who needed specialized treatment or care that exceeded community resources.

State Hospital

2605 Circle Drive
Jamestown, ND 58401-6905

Superintendent: Alex Schweitzer
Medical Director: Andrew McLean, M.D.

Phone: 701.253.3650
TDD: 701.253.3800
Fax: 701.253.3999
www.nd.gov/dhs/locations/statehospital/

The State Hospital remained focused on providing specialized mental health and substance abuse treatment services for adults, adolescents, and children whose needs exceeded community resources. Services were provided on an in-patient or residential level to adult psychiatric, chemically dependent, and child/adolescent populations. The facility had 132 beds for this traditional patient population.

The State Hospital also provided inpatient treatment services in a 62-bed secure unit to civilly committed sexually dangerous individuals, and maintained a contract with the Department of Corrections and Rehabilitation (DOCR) - Field Services Division to provide addiction services in the 90-bed Tompkins Program. In addition, the hospital provided psychiatric services to DOCR’s James River Correctional Center, co-located on the grounds.

Services

Adult Traditional Services

- Services included therapeutic and supportive services for adults with serious mental illness or substance addictions
- The hospital had the capacity to serve 284 inpatients (adults and children) per day during the biennium. The hospital’s contract with the Department of Corrections dedicated 90 of those treatment beds for the James River Correctional Center inmates.
Child and Adolescent Services

- The hospital provided inpatient and residential services for an average of six children/adolescents per day who had serious emotional disorders and/or serious substance abuse problems.
- During the biennium, the hospital operated eight beds for this purpose and continued to subcontract with the Jamestown School District for educational services. An evaluation of this service was completed resulting in a decision to maintain this important safety net service for children with severe needs.

Secure Unit

- The hospital’s secure unit - comparable to a medium security prison – continued to provide pre-trial competency evaluations, and evaluation and treatment services for mentally ill and dangerous individuals from jails and other units of the State Hospital, and also served civilly committed sexually dangerous individuals.
- During the biennium, the hospital increased the secure unit’s capacity by 20 beds to a total of 62 beds. Growth in sex offender admissions resulted in full capacity and the need for expansion during the 2005-2007 biennium.

State Hospital Expenditures

2005-2007 Biennium

<table>
<thead>
<tr>
<th>Funding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$37,461,089</td>
</tr>
<tr>
<td>Federal</td>
<td>$3,915,656</td>
</tr>
<tr>
<td>Other</td>
<td>$11,140,071</td>
</tr>
<tr>
<td>Total</td>
<td>$52,516,816</td>
</tr>
</tbody>
</table>

| Treatment Programs | $27,913,312 | 53.1% |
| Support Functions  | $6,406,872  | 12.2% |
| Business Administration | $8,255,031 | 15.7% |
| Secure Services    | $5,962,086  | 11.4% |
| Ancillary Services | $3,979,515  | 7.6%  |

(Such as Engineering, Dietary, Housekeeping, and Chaplaincy)
(Such as Dental, Pharmacy, Laboratory, and Physical Therapy)
Trends

- After years of dramatic decline because of the development of community-based services, the State Hospital patient census started growing in 2003 due to increased admissions of sex offenders, the Tompkins Program and first time admissions.

State Hospital Accomplishments

- Implemented the Recovery Model, a consumer-driven care model that supports recovery, in order to more effectively serve individuals with serious mental illness

- Developed an inpatient transitional program, named "Crossroads," to serve individuals with chronic mental illness who are progressing toward community living arrangements

- Served an average of 272 patients on a daily basis in 2007 at the State Hospital due to growth in the secure unit for civilly committed sexually dangerous individuals, as well as the Tompkins Program that serves people from the correctional system. This compared an average daily patient census of 228 individuals in 1997.

- Opened the Treatment Mall, which concentrated treatment and recovery support services in an area away from the hospital floors and empowered patients to seek out services just as they would in a community setting and to choose from an array of treatment and skill development services. This initiative increased treatment hours, supporting patient recovery and staffing efficiencies.

- Promoted public safety by increasing capacity in the secure unit for the treatment and management of civilly committed sexually dangerous individuals

- Implemented security upgrades on the secure service unit and related hospital facilities to assure the safety of staff, the community, and the individuals undergoing treatment at the State Hospital

- Instituted a recruitment and retention program at both institutions in order to provide adequate staffing
The Developmental Center provided structured residential services and other specialized services for people who had developmental disabilities as well as medical and mental health issues and whose needs exceeded community resources. Staff at the eight Regional Human Service Centers in North Dakota continued to handle referrals for admission to the Developmental Center. Services were provided in order to meet the individualized needs and personal goals of consumers. Developmental Center staff also continued outreach efforts providing crisis evaluation and consultation in order to help people with disabilities remain in community placements and avoid admission to the center.

Services:
- Adaptive equipment services
- Clinical and health services
- Community supports
- Consultation and evaluation
- Dual sensory impairment services
- Residential services
- Vocational services
- Work and day activity services

Developmental Center Accomplishments
- Successfully placed consumers into appropriate community settings through the collaborative efforts of staff at the Developmental Center and on the Department’s Transition to Community Task Force
  - Reduced the resident population to 127 individuals as of June 2007, meeting the Department’s goal of reducing the institution’s average daily census following several years with a census of 148
- Revised the care model and staffing ratios to increase effectiveness in managing consumers with severe challenging behaviors, but enhancing the consumers’ quality of life
- Entered into a continuing partnership agreement with the Council on the Quality of Life, reaffirming the quality of services provided at the Developmental Center and supporting ongoing quality enhancements and collaboration
Developmental Center Expenditures
2005-2007 Biennium

<table>
<thead>
<tr>
<th>Funding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$14,845,695</td>
</tr>
<tr>
<td>Federal</td>
<td>$26,099,572</td>
</tr>
<tr>
<td>Other</td>
<td>$2,755,104</td>
</tr>
<tr>
<td>Total</td>
<td>$43,700,371</td>
</tr>
</tbody>
</table>

Residential Services
$23,892,927  54.8%

Business Administration
$6,880,278  15.7%

Health Services
$5,652,980  12.9%

Auxiliary Services
$7,274,186  16.6%
Appendices

• Actual Expenditures 2005-2007 Biennium