

**Testimony
Department of Human Services
Long-Term Care Committee
Representative Gary Kreidt, Chairman
March 10, 2010**

Chairman Kreidt, members of the Long-Term Care Committee, I am Linda Wright, Director of the Aging Services Division of the Department of Human Services. I am here today to provide information on the implementation of 2009 House Bill No. 1043 relating to a dementia care services program.

The Department of Human Services has entered into a contract with the Alzheimer's Association Minnesota-North Dakota. The contract requires provision of a dementia care services program in each region served by a human service center.

The Alzheimer's Association has hired five regional care consultants (from over 100 applicants) to provide services primarily in the regions as outlined below. However, the regional care consultants will work in other regions as necessary to accommodate service needs of clients. Gretchen Dobervich, Eastern North Dakota Director and Krista Headland, Western North Dakota Director will provide direct supervision of the regional care consultants.

- o Kelly Mattheis, Master of Arts in Counseling, will provide services in Regions I and VIII with an office located in Dickinson;
- o Jodi Keller, Licensed Social Worker, will provide services in Regions II and VII with an office in Minot and the existing Bismarck office;

- Ashley Magner, Master of Arts in Counseling, will provide services in Regions III and VI with a home office located in McVille;
- Jonathan Deschene, Master of Social Work, will provide services in Region IV with an office located in Grand Forks; and
- Kendra Binger, Master of Social Work, will provide services in Region V from the existing Fargo office.

In addition, Erica Lien, Administrative Support/Data Specialist, will provide statewide program support and data collection from the Bismarck office.

The staff is currently receiving training in all aspects of dementia, and on the Mittelman service delivery intervention, an evidence-based practice shown to result in increased caregiver satisfaction, reduced caregiver depression, fewer emergency room visits, and delayed nursing home placement.

Service delivery activities include a survey of available community resources, professional and community education, assessments, care consultations, training for caregivers, and facilitating referrals to appropriate care and support services.

The Alzheimer's Association will sub-contract with the University of North Dakota's Center for Rural Health for evaluation of program outcomes, including data analysis of long-term care and health care costs avoided by the use of this intervention.

This concludes my testimony. I would be happy to answer any questions.