

## Department of Human Services OAR Descriptions for the 2015-17 Biennium

As of January 5, 2015

Row	Cabinet Priority	Cabinet Category	Short Description (In Order by Reporting Level)	Narrative
1	01	Salary Equity	Staff Retention - 90% of Market	<p>The Department has a number of long-term staff who have significant program and policy experience. This experience is critical in an agency that is so diverse and is responsible for interpreting and following a significantly large number of federal and state statutes, laws, policies, etc. The Department also has a large portion of the workforce that is eligible for retirement over the next several years. It is critical that we retain the expertise and knowledge, or the level of service we are able to provide to our customers may diminish. Because of the positive economic conditions in North Dakota, we often need to hire new staff at a rate that equals or sometimes exceeds that of existing staff. Depending on the position(s) in question, sometimes the demand for the position is so great that we have no choice but to offer a higher salary. This has caused great compression within the Department, where we have long-term, experienced staff being paid at the same rate, or sometimes even lower, than newly-hired staff with the same amount of overall experience. □</p> <p>□ This OAR will allow the Department to address some of its most problematic equity and compression issues.</p>
2	02	Energy Impact	Oil Patch Add-On for Staff of the Williston, Minot and Dickinson Regions	<p>The oil industry in North Dakota has affected the retention of staff in the Department of Human Services. In order to retain the existing staff, the Department implemented an oil-patch add-on for the Williston, Dickinson, and Minot staff of \$500 each month. This OAR requests funds to continue the oil-patch add-on for DHS staff in these 3 regions.</p>
3	03	Capacity	Increase Child Care Provider Rates	<p>Child Care federal regulations suggest payments should be at least at the 75th percentile of the market. Child Care provider rates have not been increased since October 2012. The last market rate survey in May 2013, revealed North Dakota was slightly above the 50th percentile for centers and slightly below the 50th percentile for licensed group/family providers. The Department is requesting to increase provider rates for centers and groups to the 75th percentile of the May 2013 market rate survey. □</p> <p>□ The shortage of child care providers was discussed during the last Legislative session and by an interim committee over the past year. Increasing provider rates provides a higher reimbursement rate for services provided and an incentive for providers to take advantage of the Child Care Assistance Program. Increasing the provider rates is an option that would assist with the child care capacity and bring the program up to the recommended federal percentile.</p>
4	03	Capacity	Ambulance Rate Increase	<p>Due to the increased operational costs, including erosion of volunteer labor, increased wages and increased health care coverage expenses, the Department is requesting to rebase the Medicaid ambulance services to 80% of the 2014 Workforce Safety and Insurance rates to ensure the ambulance services remain viable across the state; and to ensure services remain available for the ND Medicaid enrollees. Future year rate increases would be consistent with provider inflation authorized by the Legislature.</p>

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5	03	Capacity	Physical Therapy/Occupational Therapy/Speech Therapy Rate Increase	The Department is proposing an increase to Occupational Therapy, Physical Therapy, and Speech Therapy service codes to 75% of the North Dakota Medicaid Medicare Resource-Based Relative Value Scale (RBRVS) calculation. The Department will use the RBRVS methodology as a benchmark for establishing the increase in order to maintain consistency with our standard North Dakota Medicaid-specific pricing methodology for most professional services. \$1,410,832 of the \$2,775,371 General Fund requested will need to be appropriated to the Department of Public Instruction for their portion of special education utilization of these therapies.
6	03	Capacity	Spousal Impoverishment (January 2016 Effective Date)	SSI Spousal Impoverishment Standards for 2014 set forth a maximum monthly maintenance needs allowance of \$2,931, while North Dakota's maximum monthly maintenance needs allowance has remained at \$2,267 since 2003. The United States congress enacted provisions to prevent what has come to be called "spousal impoverishment," leaving the spouse who is still living at home in the community with little or no income or resources. By raising North Dakota's maximum monthly maintenance needs allowance, North Dakota community spouses will be able to meet their needs in an environment where cost of living is increasing in a robust economy. Accordingly DHS seeks to rebase the monthly maintenance needs allowance to the SSI spousal impoverishment standard for 2016 (estimated at \$2,992) beginning January 1, 2016 with annual increases based on the current CPI-U every year thereafter.
7	03	Capacity	ND State Council on Developmental Disabilities FTE	The last two federal reviews recommended the North Dakota State Council on Developmental Disabilities hire additional staff and focus on in-house Council activities. Additional funding authority is requested to convert the existing temporary position to an FTE.
8	03	Capacity	Vulnerable Adult Protective Services	The implementation of mandatory reporting requires additional resources to provide needed vulnerable adult protective services throughout the state. Three additional contracted staff are needed to provide services across the state with an estimated cost of \$615,179. □ □ Cass County has provided vulnerable adult protective services in the southeast region of the state for a number of years and has contributed approximately 51% of the cost. Based upon information received from the Cass County Board of Commissioners, \$663,087 is needed to fully fund vulnerable adult protective services in the southeast region of North Dakota. This OAR includes funds in the amount of \$464,894 which, when combined with the base budget of \$198,193, would support 100% of the costs in the southeast region of North Dakota for the 2015-2017 biennium.
9	03	Capacity	Guardianship Establishment (Vulnerable Adults)(52 Slots)	During the first year of the 2013-2015 biennium, guardianship petitioning funds supported 77 requests. It is anticipated that requests will total 154 for the biennium. At a ceiling reimbursement rate of \$2,500, the current appropriation of \$255,000 will support 102 requests. There is no reason to believe estimated requests will decrease; therefore, the OAR requests the funds are needed to support an additional 52 requests for guardianship establishment. When combined with the base budget, the funding would support 154 guardianship establishments in 2015-2017. (52 x \$2,500 = \$130,000)

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10	03	Capacity	Chafee Independent Living	The Chafee Independent Living program provides individual and group services to current and former foster youth. Services and support improve individual outcomes to enable a successful transition to adulthood. Youth receive assistance to meet the needs of their education, apply for employment, maintain home management skills, and develop an understanding of personal safety, positive decision making, and fiscal responsibility. Seven Chafee IL Coordinators served 252 current foster youth and 178 foster care alumni from May 2013 to April 2014; only 48% of eligible youth in foster care were served during the twelve month period. At this time, there is a waiting list for these services averaging 10 youth per region. The Department is requesting \$173,561 in additional funding to provide more eligible youth the opportunity to receive these services. Youth are no longer eligible for federal flex funds when they reach the age of 21, however often times they need help with the cost to purchase a new car battery, shoes for work, or transportation and housing expenses. This OAR also includes \$4,800, for up to \$200/month of flex funding for youth ages 21 to 23 who receive the Education and Training Voucher for college.
11	03	Capacity	Change in Federal Child Care Laws FTE	The passage of the new federal law and rules is expected, which will significantly expand the number of fingerprint background checks required for early childhood providers. U.S. Senate Bill 1086, which was passed by the Senate in March, 2014, was recently passed with amendments by the House. The amended bill is scheduled for a vote on November 13, 2014. The Senate is expected to pass the bill without objection. This change in law will require all early childhood staff to be fingerprinted, instead of only staff that have lived outside of North Dakota in the last 10 years. It is anticipated that we will need to complete 4,315 initial background checks upon passage of the bill, and an increase of 1,500 background checks to be completed annually. We anticipate needing \$206,822 for 1.5 FTEs to complete the additional background checks on a timely basis, and \$84,318 to pay the Attorney General's office a fee of \$14.50 for each background check.
12	03	Capacity	Extended Services - Seriously Mentally Ill (50 Slots)	Currently there are 164 slots for Serious Mental Illness (SMI) Extended Services. Extended Services provides job coaching that helps consumers maintain integrated, competitive, community-based employment, which is an important part of their recovery, rehabilitation, and habilitation process. The Department is requesting to add 50 slots to allow more individuals diagnosed with a serious mental illness to access employment support services through Extended Services. Total cost for the additional slots will be \$454,800. Also additional funding of \$100,189 is being requested for the contractor for the administrative costs related to the additional slots and maintenance of the Extended Services data system.
13	03	Capacity	Supported Employment for Integrated Dual Disorder Treatment (IDDT) (46-52 Slots)	The Department is requesting to expand the evidence-based model of supported employment in the North Central, Lake Region, Northeast, South Central and West Central Human Service Center Integrated Dual Disorder Treatment (IDDT) programs to serve approximately 46-52 additional individuals. The evidence based model of supported employment is proven to be the most effective model of supported employment for individuals with serious mental illness and chronic substance abuse disorders. This program puts people who have never considered employment to work or increases their interest to consider work.

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14	03	Capacity	Prevocational Skills - TBI (26 Slots)	The current provider of prevocational services is not able to spend adequate time with the individuals they serve. The individuals receive only an average of 2 hours per month with the current funding available. On average, an individual needs 8 hours of service per month to be adequately prepared to work with the Vocational Rehabilitation Program or to be able to return to work on their own. This additional funding would bring the total number of individuals that would be served to 50, for 8 hours per month, vs the current 24 individuals for 2 hours per month. A waiting list currently exists in the Fargo region for this service.
15	03	Capacity	Extended Services - Other (24 Slots)	Currently, forty-six individuals with the most significant disabilities maintain employment due to the support they receive from the extended services program. The average hourly and monthly earning for these 46 individuals are \$8.76 and \$882. On average, individuals receiving extended employment are earning \$2.00 for every \$1.00 spent by the state for the extended services they receive. <input type="checkbox"/> <input type="checkbox"/> There is a need for 24 additional slots for the Other Extended Services program. <input type="checkbox"/> <input type="checkbox"/> The OAR anticipates 3 individuals will enter the program each quarter of the 2015-2017 Biennium.
16	03	Capacity	Extended Services - TBI (35 Slots)	Currently, five individuals that experience the functional limitations associated with a Traumatic Brain Injury maintain employment due to the support they receive through the extended services program. The sixth slot has been designated for an individual in the process of securing employment. The average hourly and monthly earnings for these five individuals are \$7.94 and \$335.91. <input type="checkbox"/> <input type="checkbox"/> Currently there are 6 slots for Traumatic Brain Injury (TBI) Extended Services. The program is at capacity and a waiting list exists. Extended Services provides job coaching that helps consumers maintain integrated, competitive, community-based employment, which is an important part of their recovery, rehabilitation and habilitation process. Additional slots would allow 35 more individuals diagnosed with a traumatic brain injury to access employment services through Extended Services. <input type="checkbox"/> <input type="checkbox"/> The OAR anticipates 4 or 5 individuals will enter the program each quarter of the 2015-2017 biennium.
17	03	Capacity	Developmental Disabilities Nurse FTE	It has been identified that the division lacks appropriate services/supports for consumers with complex medical needs. This FTE would provide the expertise needed to work with the nurses at the provider agencies, review care plans as necessary and review general event reports that are medical in nature. This position would be able to collaborate with other entities (i.e. Board of Nursing, Dept. of Health, etc.) to ensure services continue to evolve to support the consumers in the Developmental Disabilities Division.
18	03	Capacity	Increase in Wards for DD Guardianship (20 Slots)	Catholic Charities is requesting an increase in the number of wards they serve. The Department anticipates reaching current capacity of 449 within six months of the new biennium. Because of this the Departments is requesting an additional 20 slots for the 2015-2017 biennium.

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19	03	Capacity	Autism Administrative Staff Officer FTE	Autism Services is currently a division of one person. The unit develops, manages, reports, and monitors the autism waiver, autism voucher, and autism training. In addition, the position is the 'go-to' person in the state on autism. This service unit is separate from the DD Division as these youth do not qualify for traditional DD services. Due to this, methodology to capture data, Medicaid authorizations, and reporting functions have been developed. As these autism services mature, the data will need to be compiled, analyzed, and reported. There is a need for administrative support so the autism coordinator can attend to programmatic and leadership functions.
20	03	Capacity	Increase in Current Autism Waiver Slots (December 2015 Effective Date) (30 Slots)	Effective December 1, 2015, increase autism waiver slots by 30 for a total of 77 slots. The autism waiver began in 2010 with 30 slots. 17 additional slots were approved in the 2013 Legislative Session. The autism waiver amended in the fall of 2013, and now has a total of 47 slots. This amended waiver was approved by the Center for Medicaid and Medicare on June 1, 2014. Currently, based on the applications and transitions from the previous waiver, 53 slots could be utilized. This estimate is based on activity within two months of the waiver being approved. The Autism Coordinator receives 5 to 10 calls a day requesting information about the waiver and voucher program. The operating expenses include the cost of software licenses for additional slots.
21	03	Capacity	Additional Autism Voucher Slots (20 Slots)	As of 9/15/2014, the autism voucher program had 19 parents or guardians of individuals with autism between the ages of three years up to 18 years of age apply in the 10 weeks since it was made available. The Department currently has 43 slots and is requesting to expand the voucher by 20 slots to serve a total 63 individuals at a rate of \$1,041.67 per month.
22	03	Capacity	Child Welfare Regional Supervisor FTEs (NC, SE, WC)	Regional Human Service Centers are seeing an increased need for child welfare county supervision work. Trends and data indicate an increase in foster care cases, child protective service investigations and institutional child protective service investigations. Specifically, the three regions with the largest increase are NC, SE, and WC in respect to data submitted from 2011 through 2014.
23	03	Capacity	10 Bed Crisis Residential/Transitional Living (NCHSC) (January 2016 Effective Date)	During calendar year 2013, NCHSC completed 106 State Hospital (SH) screenings. The Center does not have a Crisis Residential Unit (CRU), and therefore these clients were admitted to the SH. The Extended Care Director estimated between one-half and two-thirds of these clients could have been served by a CRU. There is also a need for a Transitional Living facility (TL) in the Minot region to assist those being discharged from the SH to transition back into the community with assistance and those needing longer term assistance with their daily living. This facility would assist in stabilizing consumers long term which will reduce inpatient and SH stays. In order to meet the needs in the Minot & Williston regions, the Department is requesting funding to contract for a combination facility that consists of a 5 bed CRU and a 5 bed TL. The Department anticipates a January 1, 2016 start date.
24	03	Capacity	DD Case Manager FTEs (NC, LR, NE)	NCHSC is above its allowable DD case manager to client ratio. North Dakota Administrative Code 75-05-05-01 requires the average case management unit be no more than 60 consumers per case manager. Currently NCHSC is at 62.5, LRHSC is at 62.83 and NE is at 61. With the increasing population in the regions, additional case managers will be required in the upcoming biennium.

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25	03	Capacity	4 Bed Alternative Care Services (WCHSC) (January 2016 Effective Date)	WCHSC currently contracts for 10 Detoxification Management (Social Detox) and crisis residential beds for those in a behavioral health crisis (mental health or addiction) and are in need of short term residential care for stabilization. The client may meet the criteria for a stay of as little as three days and for as long as up to five weeks. Admission into the ACS beds would assist the Bismarck Region in decreasing the need to make admissions to the local hospitals and inpatient psychiatric units, as well as decrease admissions to the ND State Hospital. Those admitted into ACS are allowed to remain closer to their natural supports while providing them a safe place to address their need for stabilization from their behavioral health crisis. All 10 beds are often filled, clients are then placed on a waiting list and are not receiving the level of care needed. The OAR anticipates a start date of January 1, 2016.
26	03	Capacity	IDDT Programming (WCHSC)	Requesting 1 FTE for an Advanced Clinical Specialist, 1 FTE for a Registered Nurse II, and 1 FTE for a Human Service Aide II to be able to expand our Integrated Dual Diagnosis Treatment (IDDT) program. With WCHSC's current staffing pattern the IDDT program is at the maximum capacity. IDDT is an evidenced based treatment program which uses a co-occurring mental health and substance abuse treatment model and a team approach with a high amount of consumer input. The IDDT program has specific guidelines regarding caseload per FTE. WCHSC currently has 30 clients on a waiting list due to the lack of adequate staffing to meet the requirements of this model.
27	03	Capacity	10 Bed Residential Addiction (BLHSC) (July 2016 Effective Date)	BLHSC is requesting a 10 bed short term residential facility to provide crisis residential and social detoxification services for addiction clients in the Dickinson Region. Currently the only option for intoxication management is a single crisis residential unit at the Residential Care Center (RCC) operated by BLHSC. When this bed is full, clients are sent to the county jail or the State Hospital. This facility would reduce those admissions and allow the client to receive stabilization and detoxification in their community where a supportive environment exists. The Department anticipates a July 1, 2016 start date for this OAR.
28	03	Capacity	15 Bed Expansion for Tompkins Rehabilitation and Correction Center Program (SH FTE)	Both DHS and DOCR recognize the value of the Tompkins Rehabilitation Center in treating addiction and preventing addicted individuals from re-offending and returning to the corrections system. The number of inmates who could benefit from the service continues to rise, but the current Tompkins program is consistently full. Therefore, there is a need to add an additional 15 bed unit on the grounds of the State Hospital which would be operated by 11 full time FTEs, consisting of 2 Addiction Counselors, 2 Direct Care Supervisors and 7 Direct Care Staff.
29-35	04	Inflation - 4% / 4%	Provider Inflation 4% / 4%	Provides an inflationary increase of 4% to service providers for both of the years of the biennium.
36	05	Information Technology	Eligibility System Modernization Project	The Eligibility Modernization Project is the rewrite of the TECS and Vision systems (which are used for the Medicaid, Temporary Assistance for Needy Families(TANF) and Supplemental Nutrition Assistance Program (SNAP) programs) with the addition of the Childcare and Low Income Home Energy Assistance Program (LIHEAP) programs into one all-inclusive system. This project will streamline the work of county eligibility workers by combining four individual systems (TECS, Vision, LIHEAP and Child Care) into one all-inclusive system.

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37	06	Enhancement of Services	Assisted Living FTE (January 2016 Effective Date)	Currently, there are 73 licensed assisted living facilities in North Dakota. Licensure consists of an annual fee and application and a license for the food and lodging portion from the Health Department. This request is due to an increased number of complaints coming to DHS concerning assisted living facilities. One license was revoked in 2014 and approximately 16 complaints were received in the past calendar year. Current Medical Services staff are unable to do thorough on-site reviews and follow up of the concerns in a timely manner. <input type="checkbox"/> <input type="checkbox"/> This OAR has an anticipated start date of January 1, 2016.
38	06	Enhancement of Services	LTC Consultant for Pay for Performance	This OAR is for a consultant to help develop a Pay for Performance plan for Nursing Homes. The actual financial estimates of a Pay for Performance plan would be needed to build the 17-19 budget. The anticipated cost for the consultant would be \$50,000.
39	06	Enhancement of Services	Personal Care with Supervision	Personal Care with Supervision was approved by the 2013 Legislative assembly. Up to 24 hours of supervision may be provided to individuals who need monitoring to assure their continued health and safety. This OAR will add funds to provide for an increased rate to assure providers (Qualified Service Providers - QSP's) are available and willing to provide the service and also includes funding for growth of the program over the biennium from 13 individuals to 20 with an anticipated start date of July 1, 2015.
40	06	Enhancement of Services	Companionship Services (January 2016 Effective Date)	Statewide Stakeholder Meetings and interested parties have testified to the need for companionship in the Home and Community Based Services to address the issues of loneliness and isolation. The companionship service would serve individuals that meet nursing facility level of care who are currently receiving personal care services in Levels B and C or those individuals being served in the HCBS waiver. These individuals are generally at the greatest risk for institutionalization. The companionship service would allow up to 2 hours per week of companionship if they are living alone. Family members would not be paid for this service. The Department anticipates a January 1, 2016 start date for these services.
41	06	Enhancement of Services	Post Adoption Services (January 2016 Effective Date)	The Department is requesting to provide services for families to maintain adoptive placements and permanency. These services will assist in avoiding adoption disruptions and subsequent re-placement of children in foster care. Services would include, but not limited to; crisis intervention, primarily through phone contact with families and referral for on-going case management services, therapeutic services, mental health services (in-home and residential care) and respite care. The Department anticipates a January 1, 2016 start date for these services.
42	06	Enhancement of Services	Family Team Decision Making	Family Team Decision Making (FTDM) is an evidenced based intervention strategy that provides immediate support for children and families when critical decisions must be made to ensure child safety. FTDM is a facilitated team process including parents, guardians, extended family members, youth, service providers, child welfare staff and other caregivers who come together to make decisions regarding the safety and placement of the child. <input type="checkbox"/> <input type="checkbox"/> FTDM has proven to be an out of home placement diversion strategy in many states resulting in significant reductions in the number of children placed in foster care. The Department currently provides FTDM services in Burleigh/Morton, Grand Forks and Cass Counties and is requesting to expand this service to six counties at a cost of \$25,000 per year, per site for the 15-17 biennium.

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43	06	Enhancement of Services	Parents LEAD (Listen, Educate, Ask, Discuss)	<p>Parents LEAD is an evidence-based underage drinking prevention program. <input type="checkbox"/></p> <p><input type="checkbox"/> The Parents LEAD program began with the primary focus as underage drinking; however, recently work has shifted towards risk and protective factors that apply to both mental health and substance abuse. <input type="checkbox"/></p> <p><input type="checkbox"/> In order to appropriately enhance Parents LEAD to cover the prevention of both mental illness and substance use issues, additional funding is necessary to develop content, adapt the website, and evaluate and promote the expansion.</p>
44	06	Enhancement of Services	Trauma-Informed System of Care	<p>During the 2014 DHS stakeholder meetings 50-60% of locations visited indicated more complex client issues and were concerned with the number of youth placed out-of-state for treatment. These children are traumatized and multiple placements make the situation worse. <input type="checkbox"/></p> <p><input type="checkbox"/> By focusing on and implementing evidenced-based trauma awareness and treatment, children will have better opportunities to do better in their lives. <input type="checkbox"/></p> <p><input type="checkbox"/> The funding will support ongoing statewide implementation of a trauma-informed system of care. This work includes training and consultation with the child welfare system, HSC's, medical providers, other system partners, and the RCCF and PRTF's.</p>
45	06	Enhancement of Services	ND Cares	<p>ND Cares is a coalition dedicated to strengthening an accessible, seamless network of support for Service Members, Veterans, Families, and Survivors in North Dakota, initiated in 2013 through a Substance Abuse and Mental Health Services Administration (SAMHSA) initiative. <input type="checkbox"/></p> <p><input type="checkbox"/> ND Department of Human Services has the infrastructure and capacity in place to support the ND Cares statewide efforts and initiatives. <input type="checkbox"/></p> <p><input type="checkbox"/> Funding for the this effort would support the following: <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>-Facilitation of ND Cares Data Committee [\$80,000]: Contract for data support services and development of data products. <input type="checkbox"/></li> <li>-Professional Development Trainings [\$20,000]: Provides funding to enhance the Fall and Spring Behavioral Health Conferences by integrating military specific trainings, presenters, and stipends to enhance the capacity of key stakeholders. <input type="checkbox"/></li> <li>-Website/Communication efforts [\$30,000]: Acquiring relevant URL, development and design of ND Cares website and related communication efforts.</li> </ul>
46	06	Enhancement of Services	Increase Age Limit of Autism Waiver through 9 years (December 2015 Effective Date) (12 Slots)	<p>Effective December 1, 2015, increase age of children served in the autism waiver to cover children birth through age 9. From July 1, 2015 until June 30, 2017 there are approximately 12 children that would age out of the current autism waiver. These children, unless they qualify for the DD Traditional waiver, will not have similar services available to them. If the age is extended by two years, there should be no children that age out of the Autism Services Waiver prior to June 30, 2017. The operating expenses include the cost of software licenses for additional children.</p>

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47	06	Enhancement of Services	Mobile On-Call Crisis Services (Statewide HSC) (Staggered Implementation Dates)	<p>The Mobile On-Call Service in the Southeast Region has successfully helped clients remain in the community and diverted them from inpatient hospitalizations. The program links clients to services to prevent future crises and to help sustain their recovery so they can remain living in their homes and communities. The amount requested is to expand Mobile On-Call Services to the remaining human service center regions. □</p> <p>□ Implementation by Region is projected to occur on or before these dates; January 1, 2016 - Lake Region, Northeast and South Central; July 1, 2016 - Northwest and Badlands; October 1, 2016 - North Central and West Central.</p>
48	06	Enhancement of Services	Peer Support Specialists (Statewide HSC)	<p>The Peer Support program is a key part of the recovery effort and an integral part of the tiered case management system. It is important that peers of consumers deliver peer support services throughout the eight regions of the state. Peer support has been implemented in all 8 regions as an evidence-based practice and is a promising approach to assist people in recovery. □</p> <p>□ With this expansion, the Department will issue contracts to peer support specialists in each of the eight regions of the state. The larger centers will contract for 2 peer support specialists per region (NC, NE, SE, and WC) and the smaller centers for 1 peer support specialist per region (NW, LR, SC and BL).</p>
49	06	Enhancement of Services	DD Crisis Beds (Statewide HSC)	<p>In December 2012, a subcommittee of the transition task force submitted a crisis infrastructure plan for DD crisis units for the HSC's. This OAR would provide funding for a rental unit in Minot, Grand Forks, Fargo, and in Dickinson to be used by people receiving DD services however, they are in need of a temporary placement away from their current living situation. When the unit is occupied, the client will pay the rent if they do not have to maintain a separate residence. Providers will staff the unit with existing staff from their previous setting for the individual needing the service. Total funds is calculated using information received from regions on rental costs in their area.</p>
50	06	Enhancement of Services	Medically Fragile ICF in Grafton ND (LSTC) (January 2016 Effective Date)	<p>Individuals who currently reside at the Health Services Center at the Life Skills and Transition Center are medically complex and require 24-hour ongoing nursing assessment and multidisciplinary management to maintain their best possible health. The department is looking for a private partner to be the landlord of two adjoining homes that would serve eight people. Each home will have separate and distinct areas for meal preparation and kitchen facilities. The home's design may incorporate common multipurpose space for programming and leisure supports. The Department would provide the staff and would expect the homes to be a reasonable distance from the LSTC as it is anticipated that staff may need to travel between the homes and the LSTC. The OAR would cover the property costs associated with the two homes.</p>
51	07	Capital Projects	Heating Plant Repairs & Upgrades (SH)	<p>The North Dakota State Hospital (NDSH) and James River Correctional Center (JRCC) share a campus in Jamestown. By agreement, NDSH pays the cost of operating the centralized heating plant, including salaries, operating expenses, equipment and extraordinary repairs. 60% of the cost of coal, natural gas, heating fuel, electricity, and water are paid by NDSH and 40% by JRCC. In order to operate the centralized heating plant for the foreseeable future, equipment repairs and upgrades are needed totaling \$1,509,156.</p>

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52	07	Capital Projects	Surveillance Cameras (SH)	The installation of surveillance cameras throughout the State Hospital campus will provide a level of security needed to alert security staff to the presence of potentially dangerous individuals, so staff can take appropriate action. Over 200 cameras would be installed either replacing outdated cameras, or installing cameras in new locations. Cameras mounted on the exterior of buildings would provide coverage for all outside areas of the State Hospital campus.
53	07	Capital Projects	Central Air for Tompkins Building (SH)	The building used for the men's units of the Tompkins Rehabilitation Center was built in 1956 as a dormitory for nursing students and does not have air conditioning. In 2009, the State Hospital installed air conditioning for the treatment rooms and meal serving areas, but the building's electrical service was not adequate to install air conditioning throughout the rest of the building. The State Hospital has tried utilizing portable air conditioners, but they are not effective for cooling the bedrooms, and window air conditioners are not an option because the windows have security screens on them. The State Hospital has a project in the 2013-15 biennium that will upgrade the electrical service to the building. This would enable the installation of central air conditioning throughout the building. Engineer's estimates are that the installation of central air conditioning would cost \$557,606.
54	07	Capital Projects	Heating Plant Repairs & Upgrades (LSTC)	In June 2014, a study of the heating and cooling systems in the LSTC buildings was performed. The purpose of the study was to determine if the current system of using steam for heating & cooling the campus was the most economical. The conclusion of the study was that other methods would be costly to install and wouldn't be as efficient as operating the current plant. However, the heating plant needs \$230,000 in repairs and improvements to keep the boilers functional to provide the campus with utilities.
55	07	Capital Projects	6 Living Area Kitchens (LSTC)	A step in accommodating person-centered care is to engage direct care staff & residents in choices at mealtime by having decentralized kitchens. LSTC is requesting to remodel 6 living area kitchens at an estimated cost of \$125,000 per kitchen. The kitchens would be remodeled to accommodate the residents needs, and therefore would be wheelchair accessible with varied counter heights, include safe induction cooktops, adequate cupboards for storage of groceries and cooking utensils to allow residents access to a fully functional kitchen. The request also includes the trenching of cement floors to allow the wiring of an island and the replacement of patio doors.