

Testimony
Engrossed Senate Bill 2012 – Department of Human Services
House Appropriations – Human Resources Division
Representative Pollert, Chairman
March 12, 2015

Chairman Pollert, and members of the House Appropriations Committee – Human Resources Division, I am Laurie Gotvaslee, Director of Northwest Human Service Center (NWHSC) and North Central Human Service Center (NCHSC) for the Department of Human Services (DHS). I am here today to provide you an overview of the programs and services that make up the budget request for NWHSC and NCHSC.

Northwest Human Service Center

NWHSC serves Divide, McKenzie and Williams counties, with an estimated population of 41,223 (2013 quickfacts.census.gov), which is an approximate increase of 7,705 since my 2013 testimony. Outreach offices are located in Watford City, Crosby and Tioga. Case managers, clinicians/medication providers and program staff travel to deliver outreach services to each of the three counties.

NWHSC offers psychiatric evaluation/medication monitoring and psychological evaluations, case management for individuals with a developmental disability, a serious mental illness and to families with children who have a mental illness (Partnership/Transition into Permanency-TIP). NWHSC offers evidenced-based treatment such as trauma-focused therapy for adults and children. NWHSC also offers addiction services which include: addiction evaluations, low-intensity outpatient, intensive outpatient, aftercare as well as adolescent evaluation, individual and low-intensity group.

NWHSC is utilizing telehealth with NCHSC, to provide psychiatric and psychological services. We are also preparing to utilize telehealth to provide addiction and clinical services once NCHSC is fully staffed with licensed addiction counselors.

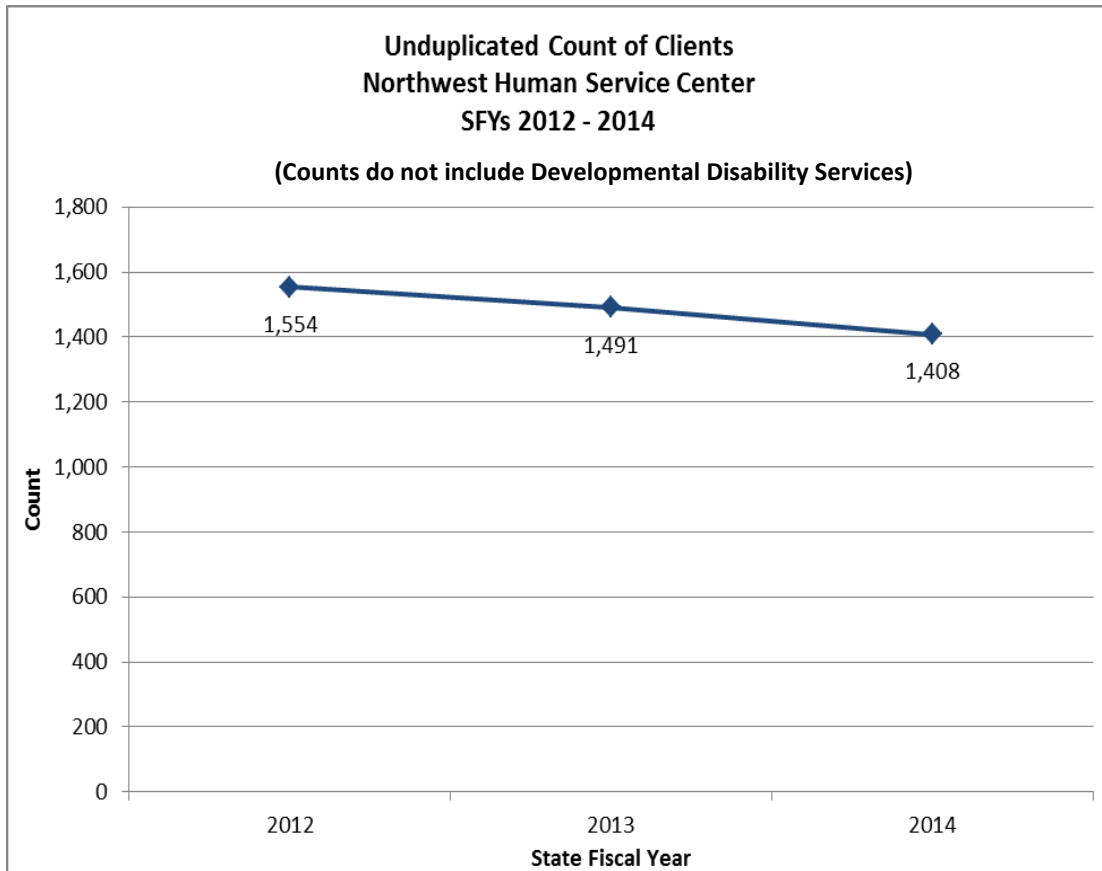
The partnership NWHSC has with the North Dakota Association for the Disabled (NDAD) remains a cost effective, critical resource, as it provides a safe, supervised environment for individuals in crisis. Williston has six beds available for crisis residential/transitional living for individuals with serious mental illness. This allows clients to maintain stability and receive the full benefit of treatment. The availability of these beds allows for medication monitoring, nutritional meals and the ability for community-based care, as opposed to hospitalization.

Northwest and North Central North Dakota are continuing to experience an influx of population. We continue to see an increase of people seeking help with psychiatric medications, as individuals have come to North Dakota without a medication prescription and very limited or no income. We are also seeing an increase of clients who do not speak English, therefore increasing the need to utilize interpreters in order to meet their ongoing needs.

Housing continues to be an issue in the two regions. Many clients cannot afford the high cost of rental properties. Even if NWHSC clients were able to obtain a housing voucher, the apartments are not available. Clients of NCHSC also continue to struggle with post flood trauma as many lost everything and continue to be displaced. The housing shortage also continues to impact the number of people who apply for open positions at

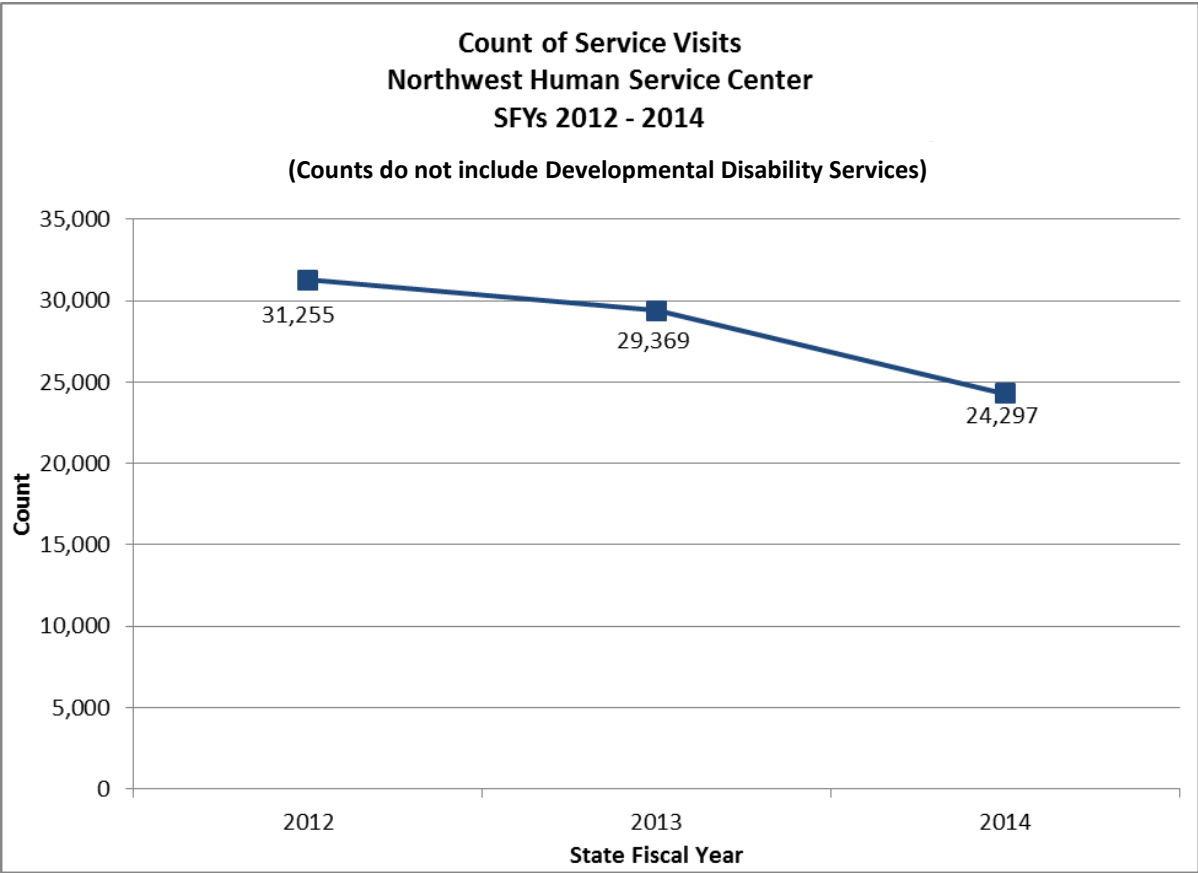
the human service centers. This continues to be more evident in the NWHSC region; however NCHSC also feels the impact.

Caseload/ Customer Base:



The services included in the chart above are: individual, family and group therapy, medication management, case management/care coordination, evaluations and assessments.

The decline in unduplicated client count can be attributed to NWHSC having limited addiction services and to the high staff turnover rate.



The services included in the chart above are: individual, family and group therapy, medication management, case management/care coordination, evaluations and assessments.

The decline in service visits can be attributed to NWHSC having limited addiction services and to the high staff turnover rate.

Select Program-Client Counts:

Unduplicated Counts of Clients by Selected Programs Across the Human Service Centers July 2013 through June 2014

	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC
Chemical Dependency	215	538	755	940	1162	387	1193	165
SMI Extended Care	88	174	92	420	724	249	359	102
Medical Services	708	1351	861	1270	1674	1157	1634	632
Outpatient Services	344	811	956	1252	1322	1078	1577	758
Children's Partnership Program	1	108	16	130	186	20	173	10
Low Intensity Offender Treatment		17	3	48	106		114	36

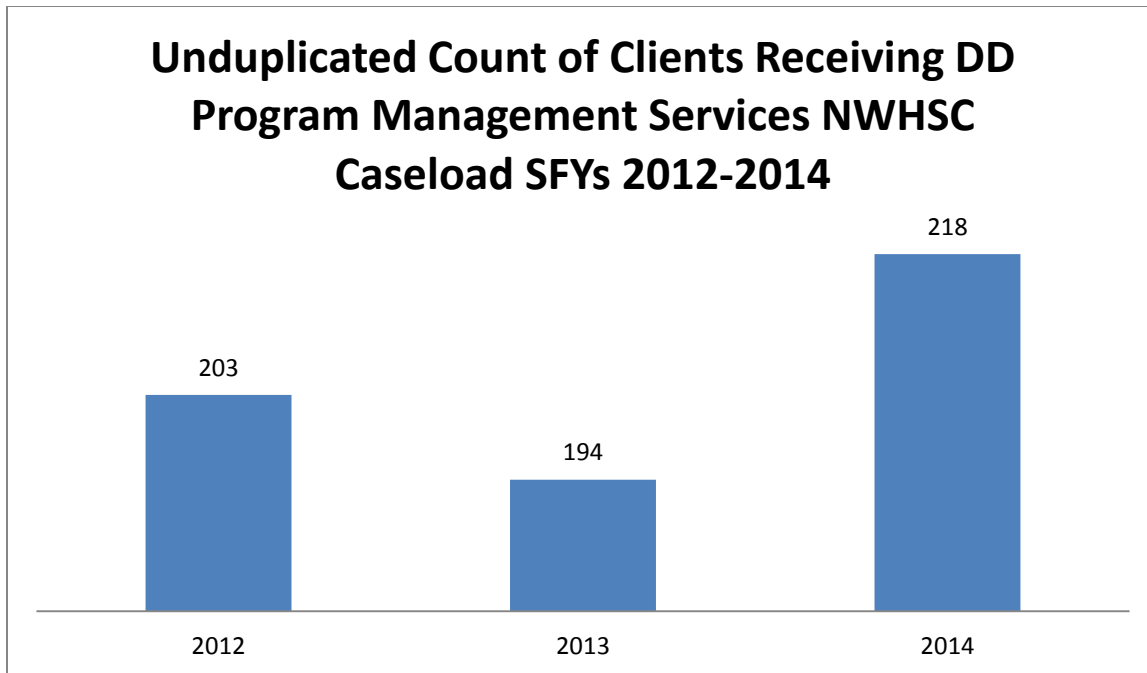
These data are taken from the ROAP Program Enrollment Extract for SFY 2014. The data exclude program enrollments for Adolescent Treatment Center, Developmental Disabilities, Dual Disordered (Intellectual Disability/Mentally Ill, Health Tracks, Infant Development, and Supported Employment.

Payor/Payment Type:

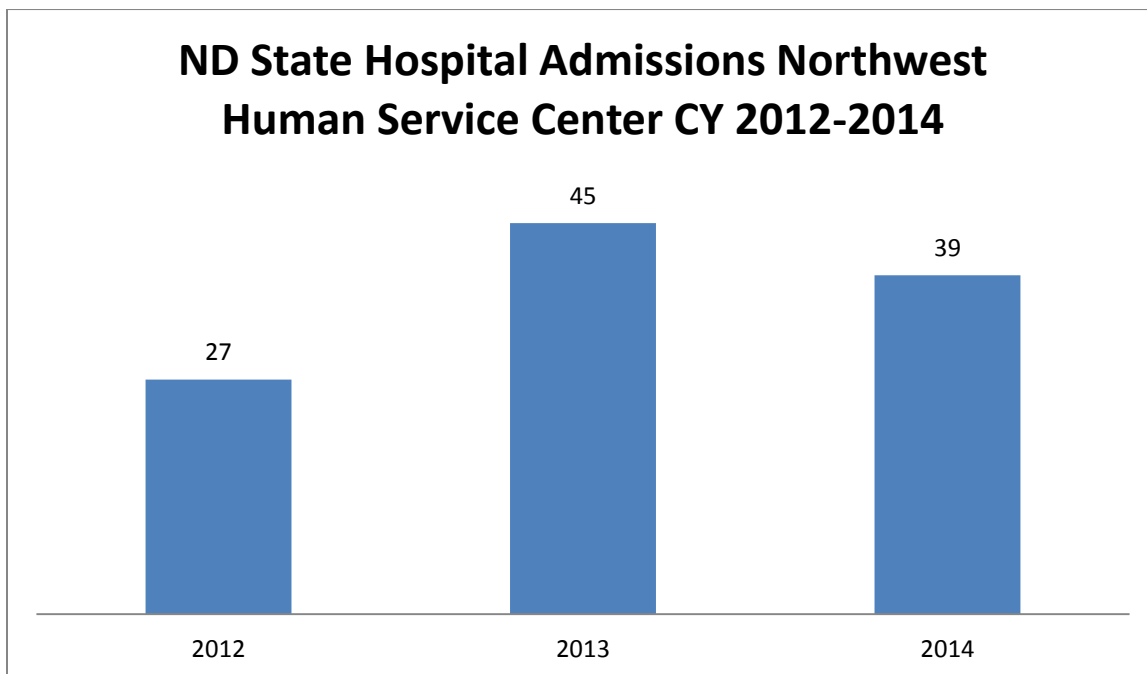
Percent of Patients Visits by Insurance Type in SFY 2014 (7/1/2013 – 6/30/2014)

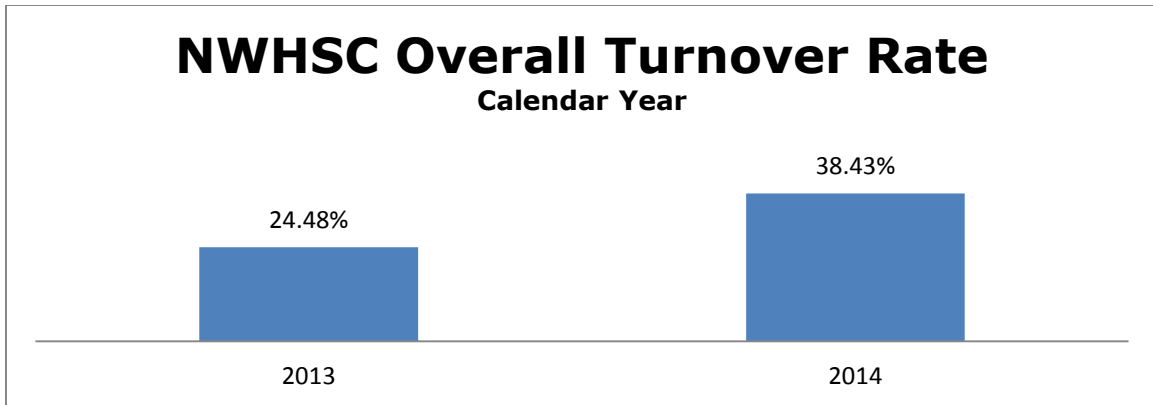
	1-NW	2-NC	3-LR	4-NE	5-SE	6-SC	7-WC	8-BL
1) Medicare	2.6%	2.7%	4.5%	3.6%	3.2%	5.2%	3.0%	4.6%
2) Medicaid	51.7%	24.5%	34.4%	42.3%	44.0%	52.7%	36.6%	37.6%
4) Private Insurance	13.5%	9.4%	11.7%	9.4%	5.5%	8.0%	9.9%	16.5%
5) Sliding Fee	29.4%	61.7%	47.4%	38.4%	45.1%	23.5%	40.7%	20.0%
6) Self-Pay	2.8%	1.8%	2.0%	6.3%	2.2%	10.7%	9.9%	21.3%
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Developmental Disabilities (DD) Program caseload continues to grow:



North Dakota State Hospital (NDSH) Admissions: (During 2013/2014, an additional 128 consumers of the NWHSC region were able to be treated at Trinity Hospital in Minot, instead of having to be transported/treated at the NDSH).





- NWHSC continues to have difficulty hiring staff when positions become vacant. The chart shows the overall turnover rate that NWHSC has experienced in the past two years: the high turnover rate drastically impacts services.
- This trend is across the board for all positions. The vacant positions that have had the greatest impact on services are licensed addiction counselors. For over six months, NWHSC had no LACs on staff, but were able to contract with a local agency to provide addiction services at NWHSC. The contract includes 40 hours per week with the services being Matrix (evidence-based) treatment and addiction evaluations. We have since hired an addiction supervisor and have three LAC positions advertised.

Walk-In Clinic:

- NWHSC implemented a walk-in clinic for addiction evaluations in September 2014. As of the end of 2014, over 20 consumers have presented at the walk-in clinic. This has decreased the no-show rate for addiction evaluations and has shortened the wait time for an evaluation appointment to within a week.

Integrated Dual Disorder Treatment (IDDT):

- NWHSC has continued to implement IDDT, which is an evidence-based program designed to promote the recovery of adults who have serious co-occurring mental health and substance abuse challenges. NWHSC is serving six individual consumers under IDDT.

Child Welfare Services:

Total Number of Paid (reimbursement to county social services for completing an assessment) Child Protective Service (CPS) Assessments

Region	SFY 2012	SFY 13	SFY14
Northwest	365	373	378
North Central	698	690	789
Lake Region	271	281	379
Northeast	922	908	935
Southeast	1,347	1,422	1,411
South Central	226	240	246
West Central	906	930	967
Badlands	295	287	451
Total	5,030	5,131	5,556

FRAME CPS Payment Report data

Number of Children in Foster Care by Region (as of the last day of the state fiscal year)

Region	06/30/2011	06/30/2012	06/30/2013	06/30/2014
Northwest	72	96	112	135
North Central	93	99	111	129
Lake Region	114	106	128	163
Northeast	141	155	186	225
Southeast	228	251	239	244
South Central	57	62	96	78
West Central	172	169	192	194
Badlands	40	59	52	74
Total	917	997	1,116	1,242

FRAME FC Demographic Report data – point in time

Overview of Budget Changes-Northwest Human Service Center

Description	2013-2015 Budget	Increase / (Decrease)	2015-2017 Executive Budget	Senate Changes	2015-2017 Budget To House
HSC / Institution	8,741,973	1,349,783	10,091,756	(149,050)	9,942,706
General Fund	5,061,099	1,226,324	6,287,423	(136,714)	6,150,709
Federal Funds	3,081,734	179,911	3,261,645	(12,336)	3,249,309
Other Funds	599,140	(56,452)	542,688		542,688
Total	8,741,973	1,349,783	10,091,756	(149,050)	9,942,706
Full Time Equivalent (FTE)	43.25	0.0	43.25	0.0	43.3

Budget Changes from Current Budget to the Executive Budget:

The overall budget increased by \$1,349,783 and can be mainly attributed to the following:

- \$565,907 in total funds of which \$499,922 is general fund needed to fund the Governor’s compensation package.
- \$117,036 in total funds of which \$88,255 is general fund needed to continue the employee increases approved by the last Legislative Assembly.

- The salary underfunding changed from \$101,389 to \$129,999, which is a net change of (\$28,610).
- An increase in Travel of \$20,160 based on having more travel projected for SMI case Management, DD Program Management, and Vocational Rehabilitation.
- A decrease in Repairs of \$18,026 is anticipated for 2015-2017.
- A decrease in IT-Communications of \$20,966.
- The Grants, Benefits & Claims increased \$766,211 and is mainly attributed to the following:
 - An increase of \$492,544 in total funds of which \$412,182 is general fund, to meet licensure requirements by providing contracted crisis residential staffing 24 hour.
 - An increase of \$148,219 for a contract psychiatrist to cover additional demand in services.
 - An increase of \$118,284 to allow for a 4% inflationary increase for contracted providers each year of the biennium.

Senate Changes:

\$119,479 in total funds, of which \$107,143 is general fund to decrease the Governor's compensation package to reflect a change in the state employee performance increase from 3% - 5% to 2% - 4%, remove market policy point equity increase, and to remove the 1% retirement contribution.

\$29,571, in total funds, of which \$29,571 is general fund to decrease the annual provider inflation from 4% to 3% each year of the biennium.

This concludes my testimony on 2015-2017 budget request for the NWHSC, I would be happy to answer any questions.

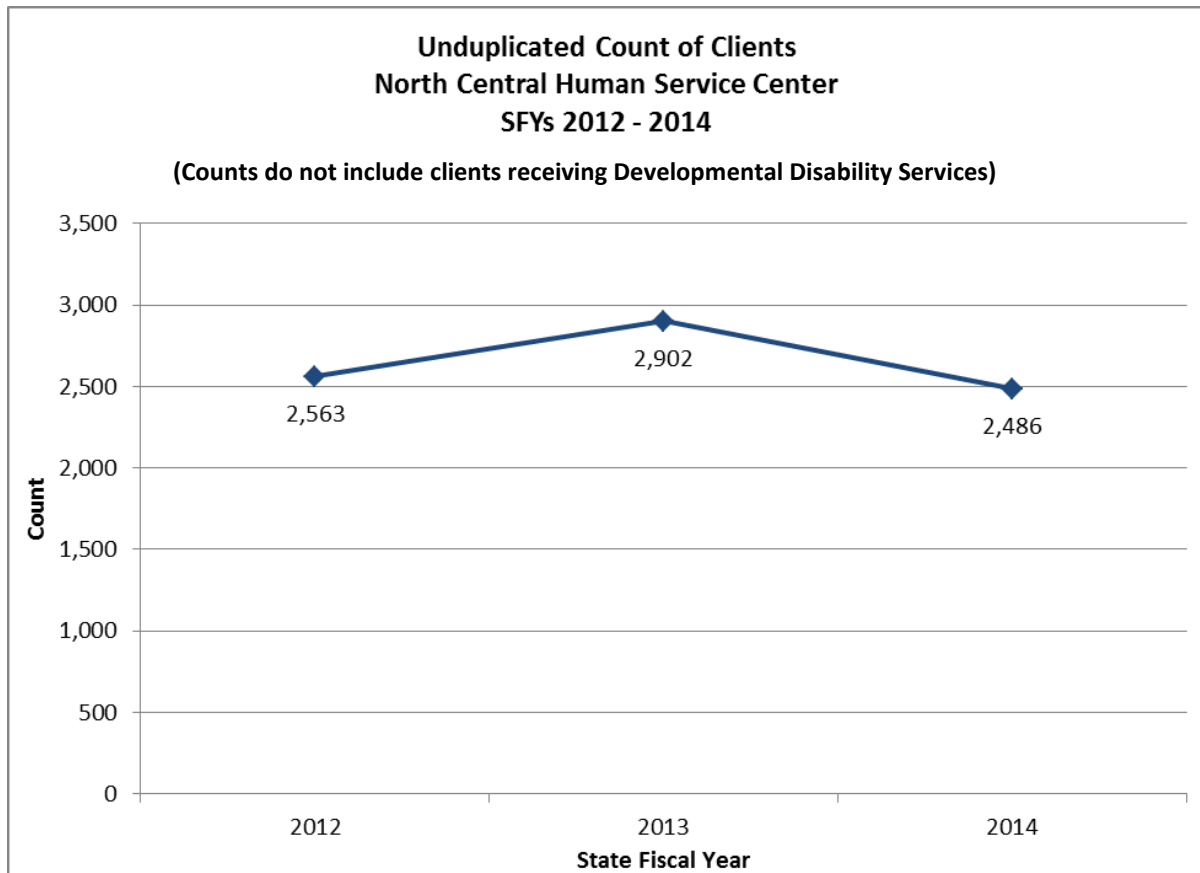
North Central Human Service Center (NCHSC)

NCHSC serves Bottineau, Burke, McHenry, Mountrail, Pierce, Renville and Ward counties, with an estimated population of 99,389 (2013 quickfacts.census.gov), which is an approximate increase of 6,374 since my 2013 testimony. Case managers, clinicians, and program staff travel to deliver outreach services to the seven counties in this region.

Outreach offices are located in Rugby, Stanley and New Town. Case managers, clinicians/medication providers and program staff travel to deliver outreach services to each of the three communities.

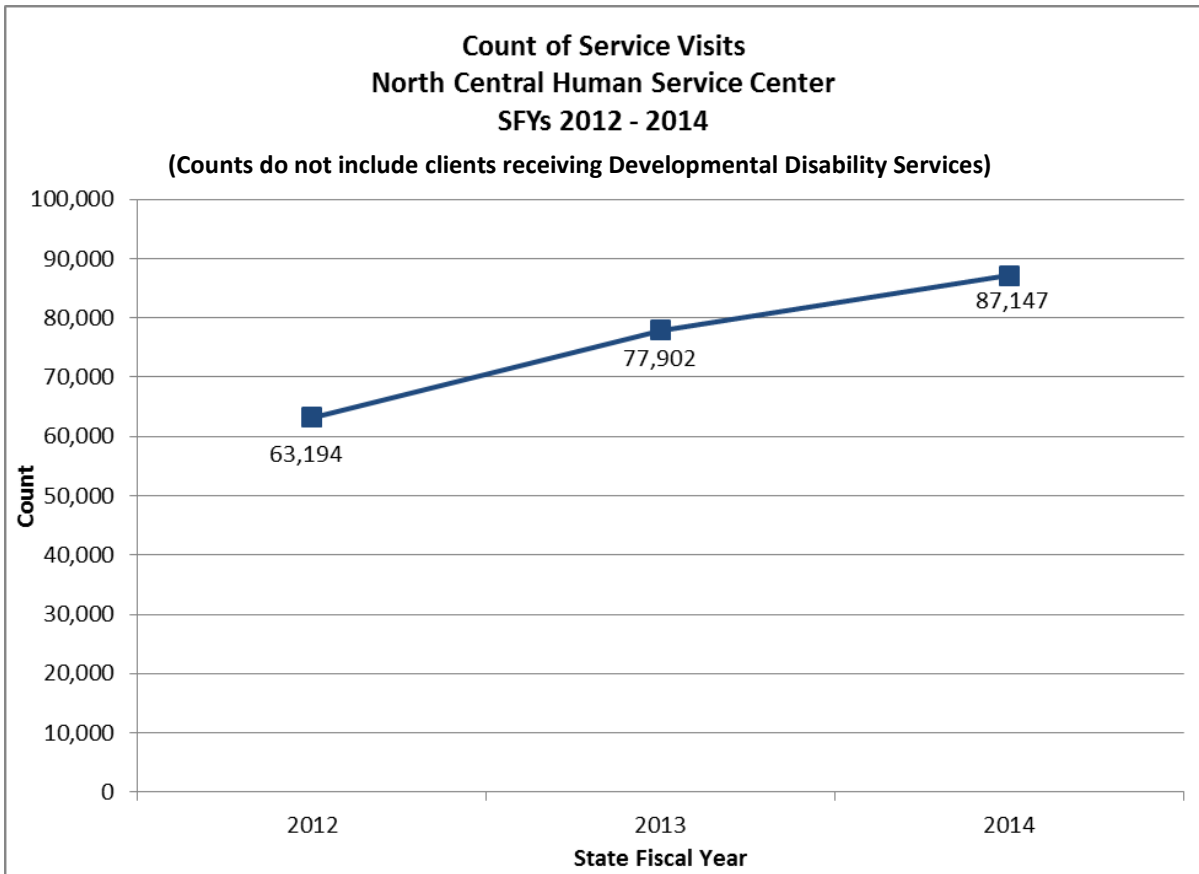
NCHSC offers psychiatric evaluation/medication monitoring and psychological evaluations, case management for individuals with a developmental disability, a serious mental illness and to families with children who have a mental illness (Partnership/Transition into Permanency-TIP). NCHSC offers evidenced-based treatment such as trauma-focused therapy for adults and children. NCHSC also provides addiction evaluations, low-intensity outpatient, intensive outpatient, addiction residential, aftercare as well as adolescent evaluation, individual and low-intensity group. NCHSC also operates Kay's Place which is a residential child care facility for adolescent females in foster care.

Caseload/ Customer Base:



The services included in the chart above are: individual, family and group therapy, medication management, case management/care coordination, evaluations and assessments.

The decline in unduplicated client count can be attributed to staff turnover, having difficulty filling LAC positions and the vacancy of a full time medication provider.



The services included in the chart above are: individual, family and group therapy, medication management, case management/care coordination, evaluations and assessments.

The chart above indicates the total count for all client visits. The drastic increase clearly shows that although the total client count has decreased, the total number of service visits has increased, therefore indicating that consumers are receiving more than one service.

Select Program-Client Counts:

Unduplicated Counts of Clients by Selected Programs Across the Human Service Centers July 2013 through June 2014

	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC
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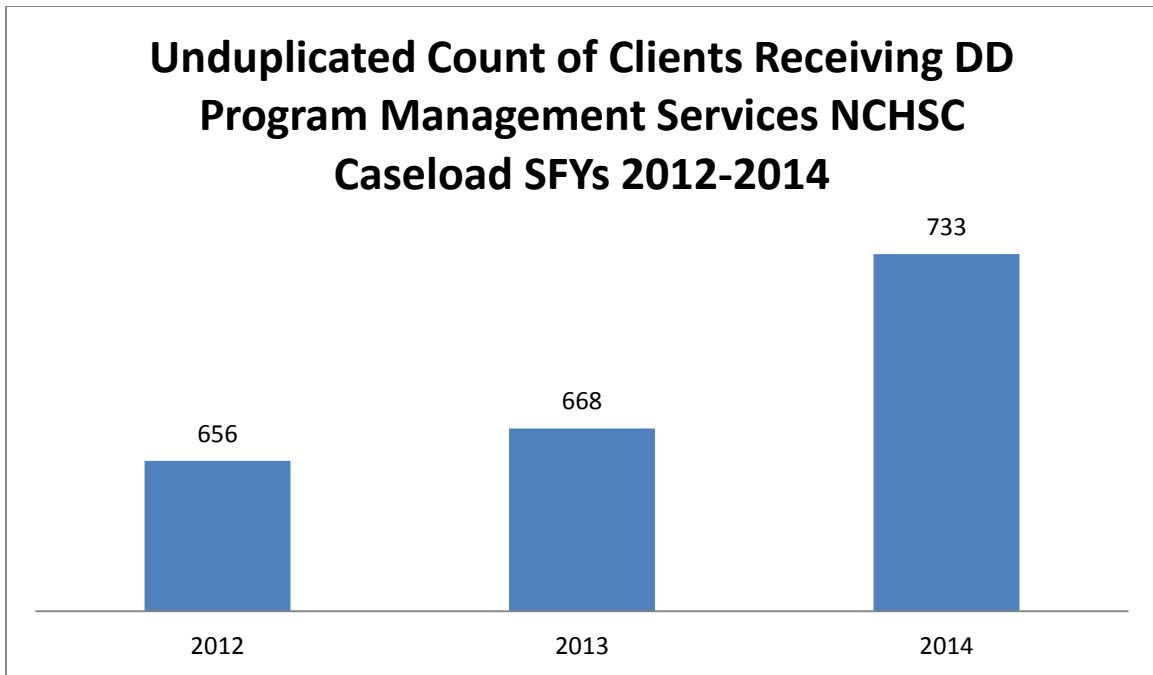
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Payor/Payment Type:

Percent of Patients Visits by Insurance Type in SFY 2014 (7/1/2013 – 6/30/2014)

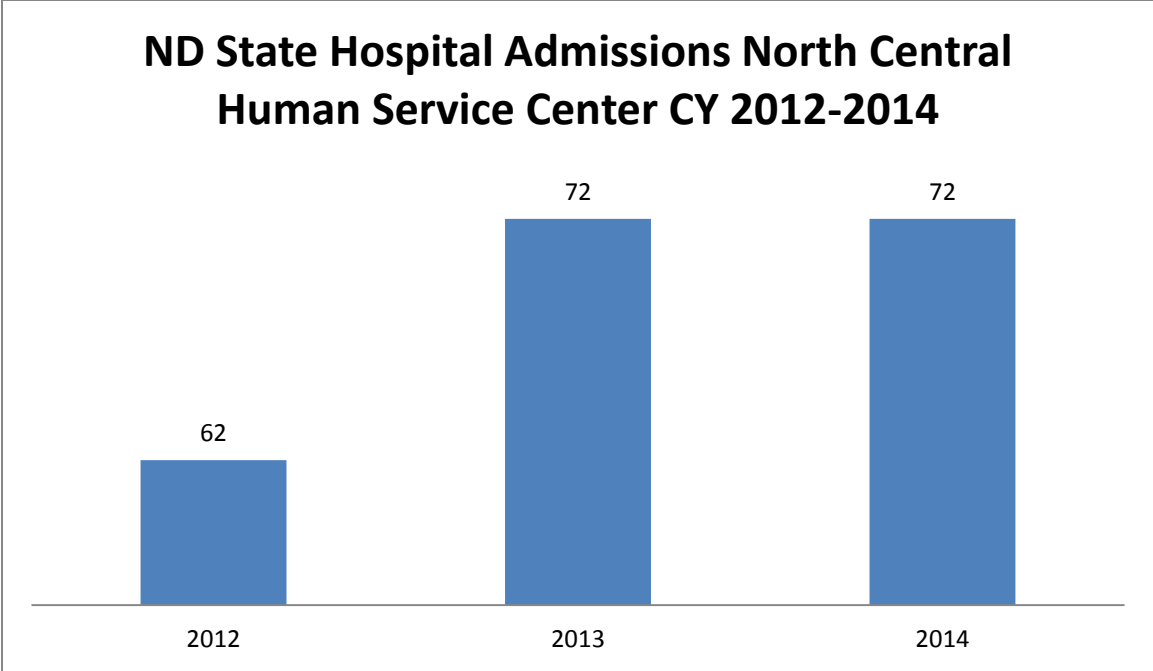
	1-NW	2-NC	3-LR	4-NE	5-SE	6-SC	7-WC	8-BL
1) Medicare	2.6%	2.7%	4.5%	3.6%	3.2%	5.2%	3.0%	4.6%
2) Medicaid	51.7%	24.5%	34.4%	42.3%	44.0%	52.7%	36.6%	37.6%
4) Private Insurance	13.5%	9.4%	11.7%	9.4%	5.5%	8.0%	9.9%	16.5%
5) Sliding Fee	29.4%	61.7%	47.4%	38.4%	45.1%	23.5%	40.7%	20.0%
6) Self-Pay	2.8%	1.8%	2.0%	6.3%	2.2%	10.7%	9.9%	21.3%
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Developmental Disabilities Program (DD) caseload continues to grow:

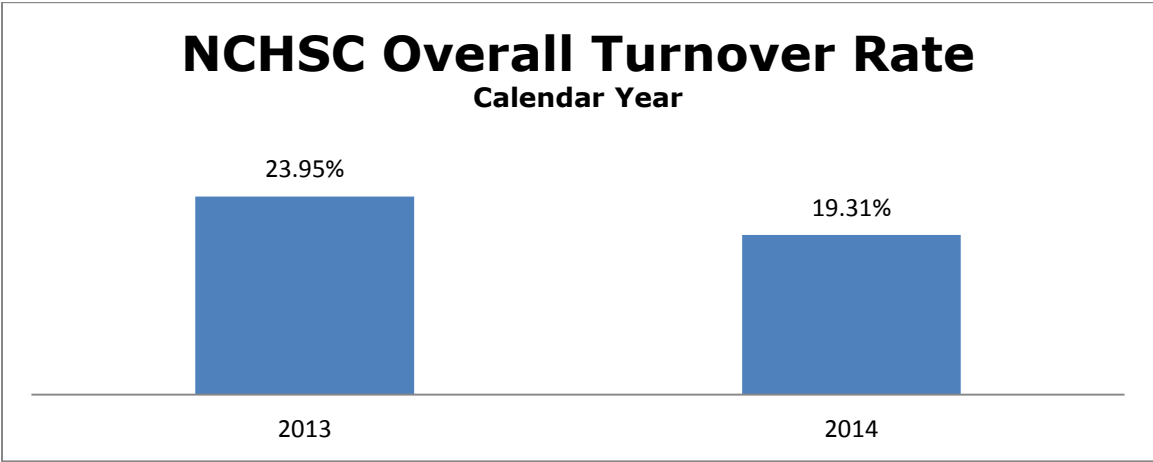


- The number of consumers served under the Developmental Disabilities program at NCHSC has increased dramatically. This increase has resulted in NCHSC DD program managers being above the licensure caseload standards of 60:1 ratio, resulting in the need for an additional FTE for this program.

North Dakota State Hospital Admissions: (During 2013/2014, an additional 213 consumers of the NCHSC region were able to be treated at Trinity Hospital in Minot, instead of having to be transported/treated at the NDSH).



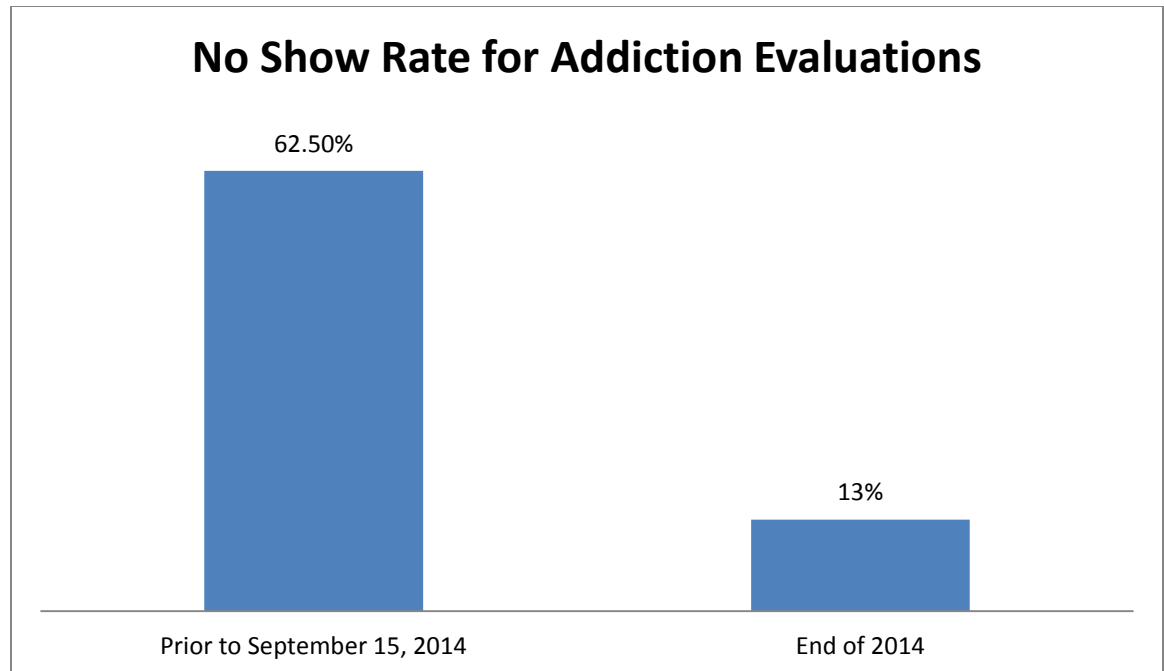
NCHSC has had a decrease in the staff turnover rate, however key positions remain vacant, such as a psychiatric nurse specialist (medical provider) and licensed addiction counselors (LAC), which greatly impact the number of consumers who can be seen for medication management or addiction services at any given time.



Walk-In Clinic:

- NCHSC implemented a walk-in clinic for addiction evaluations on September 15, 2014. The no-show rate for addiction evaluation was reduced from 62.5% to 13% in three months. This has also

decreased the wait-time for addiction evaluation appointments from eight weeks to two weeks.



Integrated Dual Disorder Treatment (IDDT):

- NCHSC continues to implement IDDT. IDDT is an evidence-based program designed to promote the recovery of adults who have serious co-occurring mental health and substance abuse challenges. NCHSC has served 29 individual consumers under IDDT.

Child Welfare Services:

Total Number of Paid (reimbursement to county social services for completing an assessment) Child Protective Service (CPS) Assessments

Region	SFY 2012	SFY 13	SFY14
Northwest	365	373	378
North Central	698	690	789
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Overview of Budget Changes-North Central Human Service Center

Description	2013-2015 Budget	Increase / (Decrease)	2015-2017 Executive Budget	Senate Changes	2015-2017 Budget To House
HSC / Institution	23,523,200	3,789,649	27,312,849	(379,962)	26,932,887
General Fund	14,123,114	3,383,260	17,506,374	(349,244)	17,157,130
Federal Funds	8,278,722	495,335	8,774,057	(30,718)	8,743,339
Other Funds	1,121,364	(88,946)	1,032,418		1,032,418
Total	23,523,200	3,789,649	27,312,849	(379,962)	26,932,887
Full Time Equivalent (FTE)	122.28		122.28	0.0	122.28

Budget Changes from Current Budget to the Executive Budget:

The overall budget increased by \$3,789,649 and can be mainly attributed to the following:

- \$1,572,407 in total funds of which \$1,397,804 is general fund needed to fund the Governor's compensation package.
- An increase of \$306,762 in total funds of which \$214,387 is general fund needed to continue the employee increases approved by the last Legislative Assembly.
- The salary underfunding changed from \$266,846 to \$321,838, which is a net change of (\$54,992).
- \$150,503 in total funds, of which \$138,463 is general fund was included in the Executive Budget for the addition of a child welfare regional supervisor to meet increased demand in foster care and child protective services.
- \$136,689 in total funds, of which \$77,912 is general fund was included in the Executive Budget for the addition of a developmental disabilities program management staff in order to meet the required staff to client ratio of 60:1.
- An increase in Travel of \$111,442 mainly attributed to additional travel from NCHSC to NWHSC by the Regional Director, a psychiatrist, two psychologists, the Clinical Director and the

Partnerships Program supervisor, to assist in program supervision and services at NWHSC, as well as adding a DD Program Manager and a Child Welfare supervisor.

- An increase in repairs of \$41,752, based on historical costs using the first year expenditures and including any anticipated changes for 2015-2017.
- A decrease in IT-Communications of \$22,746.
- Grants, Benefits and Claims increased by \$1,471,858 and are mainly attributed to the following:
 - \$903,983, of which \$685,895 is general funds, for a ten bed residential facility (five beds for crisis residential, five beds for transitional living).
 - An increase of \$268,383 for a contract psychiatrist to address the additional demand for services.
 - An increase of \$200,616 to allow for a 4% inflationary increase for contracted providers each year of the biennium.

Senate Changes:

\$329,808 in total funds, of which \$299,090 is general fund to decrease the Governor's compensation package to reflect a change in the state employee performance increase from 3% - 5% to 2% - 4%, remove market policy point equity increase, and to remove the 1% retirement contribution.

\$50,154, in total funds, of which \$50,154 is general fund to decrease the annual provider inflation from 4% to 3% each year of the biennium.

This concludes my testimony on 2015-2017 budget request for the NCHSC, I would be happy to answer any questions.