

**Testimony**  
**Engrossed House Bill 1012 – Department of Human Services**  
**Senate Appropriations**  
**Senator Holmberg, Chairman**  
**March 15, 2017**

Chairman Holmberg, and members of the Senate Appropriations, I am Rosalie Etherington, Superintendent of the North Dakota State Hospital (NDSH) and Chief Clinics Officer for the Department of Human Services (Department). I am here today to provide you an overview of services that make up the budget request for NDSH and the Human Service Centers (HSC).

**Programs**

Public behavioral health provides a comprehensive continuum of services to a priority set of youth and adults with severe and persistent mental illnesses and substance use disorders that others cannot or will not serve. The burden of chronic disease is different than that of acute illness. It robs individuals of health, home, and community. Our services concentrate on those with the severest illnesses that require specialized services that concentrate on the behavioral and psychosocial components of health.

We also provide a continuum of emergency services, including open access, community outreach, crisis residential and private community hospital services. Although there are shortages across this continuum, it is most evident that we must strengthen our emergency services to prevent unnecessary jail, hospital, emergency room, law enforcement, and first-responder burden.

The Executive Budget for these areas of the Department represents 6.6% of the total Department budget. See [Attachment A](#) for HSC and NDSH funding breakdown. The funding supports 8 centers, 5 satellite clinics, 24 outreach offices, the state hospital, and 55 contractors for a combination of crisis, hospital, residential, transitional living, medical, and outpatient services. Of the 716.69 HSC direct service staff, 504 are for behavioral health. NDSH employs an additional 434.45 behavioral health staff.

In SFY16 HSCs served 26,828 registered clients. 9,803 individuals received crisis-line services, only a portion of which is identified in the registered client totals. NDSH served an additional 1,368 individuals, an approximate 600 of whom are not already identified in the HSC registered clients. Service type, length, and intensity vary based on client needs. See [Attachment B](#) for providing further description of the type and volume of human services provided.

Other HSC human services include case management for individuals with intellectual disabilities and regional oversight of aging, child welfare, vocational rehabilitation, and developmental disabilities programs. Oversight activities include investigation of child and elder abuse, child care and foster care licensing, program oversight for developmental disabilities services, and regulatory oversight for county social services. There has been increased need for child care licensing, investigations of child abuse and neglect, and case management for individuals with intellectual disabilities.

NDSH, continuously accredited since 1956, provides acute, sub-acute, and specialized rehabilitation hospital services for individuals with severe and persistent mental illnesses and substance use disorders. Over 90% of

the hospital service admissions, minus the Jamestown region, come from private psychiatric community hospitals due to violence or need for longer stabilization and psychiatric rehabilitation. We serve, on average, 950 individuals annually with an average of 18 admissions per week and an average length of stay of 55 days.

NDSH also provides specialized residential addiction services for adults under the custody of the Department of Corrections and Rehabilitation. NDSH increased the capacity of the Tompkins Rehabilitation Center (TRC) by 16 in the current biennium and adopted an open-ended group style to accommodate an increased demand. NDSH serves, on average, 370 individuals annually with an average of 7 admissions per week and an average length of stay of 90 days.

We also provide specialized residential services in the Sex Offender Treatment and Assessment Program (SOTEP). The four treatment units have reduced to three due to an increased rate of placement to the Community Transition Center (CTC) and community discharges. Closing one unit allowed for a reduction of 11 FTE with a corresponding budget reduction. We serve, on average, 60 individuals annually with an average of 1 admission monthly. The current census is 52 without great fluctuation.

### **Program Trends/Program Changes**

At the refinement of our core mission we have accomplished statewide progress in key initiatives to improve service access, effectiveness, and efficiency.

Our work is not without challenges. We face statewide and chronic workforce shortages in key clinical areas of psychiatry, psychology, addiction counseling, and nursing. These shortages, coupled with lengthy recruitment times, adversely affect service availability, service quality, staff turnover, overtime, and client satisfaction.

It takes NDSH, on average, 142 days to hire a nurse, 545 days to hire a psychologist, and 905 or more days to hire a psychiatrist. Our psychologist and psychiatrist vacancies are currently at 50% and our registered nurse vacancies are at 17%.

The forensic psychologist shortage is currently the most critical, with three long-term vacancies. Forensic psychologists are necessary for court ordered criminal responsibility, criminal competency, and sex offender evaluations. These vacancies have required contracting with specialists from outside the state. Other statewide efforts to minimize the adverse effects of workforce shortages include:

- Telehealth expansion for prescribing, addiction assessment, addiction counseling, and psychological testing
- Increased student, intern, and residency training
- North Dakota Hospital Association psychiatrist recruiting contract

The HSCs and NDSH also face an increased risk of violence toward staff due to improved outreach to individuals with the most severe conditions, some of whom, untreated, display high rates of aggression. Efforts taken to meet these challenges include:

- Targeted staff training for violence prevention
- Targeted security improvements for violence prevention

The increased rate of violence is particularly difficult in the hospital setting and reflects an intensity and severity of patient needs. The NDSH targeted staff training, safety precautions, and improved security measures have reduced this violence. The safety precautions resulted in increased staffing ratios due to medically necessary patient observations and interventions. In spite of this intense staffing ratio our daily rate, which is a reflection of total treatment cost, remains the lowest psychiatric hospital rate in the state.

NDSH plant infrastructure supports James River Correctional Center (JRCC), work space for Protection and Advocacy and Head Start, and the state hospital which includes TRC and SOTEP. It also supports temporary dwelling for psychiatry residents, students, and transitioning hospital patients and sex offender residents. We also provide training space for the National Guard, local law enforcement, and JRCC. During the current biennium, we upgraded the critical capital support equipment and the heating plant, repaired roofs, and removed asbestos. We have identified a number of other necessary capital improvements to assure continuity of operations, the majority of which were removed in the Savings Plan.

Overview of budget changes to the HSC and NDSH are as follows:

## Overview of Budget Changes – Statewide Human Service Center

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
HSC/Institutions	\$8,726,502	(\$2,853,481)	\$5,873,021	(\$62,504)	\$5,810,517
General Fund	\$7,107,295	(\$2,323,544)	\$4,783,751	(\$58,256)	\$4,725,495
Federal Funds	\$1,619,207	(\$529,937)	\$1,089,270	(\$4,248)	\$1,085,022
Other Funds	\$0	\$0	\$0	\$0	\$0
Total	\$8,726,502	(\$2,853,481)	\$5,873,021	(\$62,504)	\$5,810,517

FTE	7.0	0	7.0	0	7.0
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### Budget Changes from Current Budget to Executive Budget:

The overall budget decreased by \$2,853,481 and can be mainly attributed to the following:

- \$28,560 in total funds, of which \$23,784 is General Fund needed to fund the Governor’s compensation package.
- \$16,849 in total funds, of which all is General Fund needed to continue the employee increases approved by the last Legislative Assembly.
- A decrease of \$409,883 in Salaries and Fringe Benefits to reclassify a Physician to a Nurse Practitioner.
- The remaining \$21,228 is a combination of increases and decreases needed to sustain the salary of the 7 FTE’s in this area of the budget.

- An increase of \$12,300 in Supply/Material – Professional for training materials for prevention and intervention of suicide as well as accreditation manuals at the Human Service Centers.
- A decrease of \$83,277 in Miscellaneous Supplies due to less need in this area.
- A decrease of \$8,182 in IT-Communications based on utilization and a reduced number of phones due to more employees working from home.
- A decrease of \$31,230 in Professional Development due to discontinuing the National Council for Behavioral Health Membership and the Department-wide process used to develop the Department’s savings plan..
- Grants, Benefits and Claims decreased by \$2,382,345. See [Attachment C](#) for a schedule of the Cost and Caseload changes in this area.

The General Fund request decreased by \$2,347,328. \$1,993,516 is related to decreases in costs and caseload, and the remaining increase is due to other salary and operating changes as described above.

**House Changes From Executive Budget:**

- \$21,278 decrease in Salary and Wages, of which \$17,314 is general fund due to the removal of the Fair Labor Standards Act Overtime funding. Without these funds our employees must limit their work

hours, adversely affecting the current electronic health records project.

- \$8,529 decrease in Salary and Wages, of which \$8,245 is general fund due to eliminating the 1% salary increase proposed for the second year of the biennium.
- \$13,935 general fund decrease in operating expenses. This reduction will result in even further travel reductions adversely impacting the work for the new electronic health record design and implementation and eliminate the purchase of needed accreditation and suicide prevention training materials.
- \$18,762 decrease in Grants, of which \$18,762 is general fund due to the elimination of the 1% inflationary increase for providers that had been proposed for the second year of the biennium.

### **Overview of Budget Changes – Human Service Centers Combined**

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
HSC/Institutions	\$201,371,171	(\$3,006,348)	\$198,364,823	(\$2,559,969)	\$195,804,854
General Fund	\$120,487,908	(\$5,413,395)	\$115,074,513	(\$1,841,205)	\$113,233,308
Federal Funds	\$71,093,348	(\$2,339,672)	\$68,753,676	(\$614,071)	\$68,139,605
Other Funds	\$9,789,915	\$4,746,719	\$14,536,634	(\$104,693)	\$14,431,941
Total	\$201,371,171	(\$3,006,348)	\$198,364,823	(\$2,559,969)	\$195,804,854

FTE	851.9	8.5	860.4	0	860.4
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## **Budget Changes from Current Budget to Executive Budget:**

The overall budget decreased by \$3,006,348 and can be mainly attributed to the following:

- \$3,063,928 in total funds, of which \$2,575,836 is general fund needed to fund the Governor's compensation package for state employees.
- \$1,611,032 in total funds, of which \$1,471,098 is general fund needed to sustain the employee increases approved by the last Legislative Assembly.
- The salary underfunding changed from \$2,146,091 to \$3,250,498, which is a net change of (\$1,104,407)
- A decrease of \$774,692 in Salaries Other attributable to no longer providing oil impact dollars to staff in the western regions of the state.
- A decrease of 1.0 FTE and \$204,259 in total funds, of which \$43,507 is general fund due to the retirement and reorganization of duties of a Vocational Rehabilitation Administrator that will not be filled at the Lake Region Human Service Center (LRHSC).
- An increase of 7.0 FTE and \$1,006,340 in total funds of which \$586,012 is general fund for the addition of Developmental Disabilities program case manager positions, 1 at the North Central Human Service Center (NCHSC), 1 at the LRHSC, 1 at the Northeast Human Service Center (NEHSC), 3 at the Southeast Human Service Center (SEHSC) and 1 at the South Central Human

Service Center (SCHSC). The FTE were transferred from the Life Skills & Transition Center to meet the required client to staff ratio of 60:1.

- An increase of 1.0 FTE and \$157,149 in total funds of which \$94,494 is general fund for a County Regional Supervisor to meet the Child Welfare caseload demands at LRHSC.
- An increase of 1.0 FTE and \$157,149 in total funds, of which \$157,149 is general fund, for the addition of a child care licensing position at SEHSC to meet increased demand in child care licensing for both the Southeast and South Central regions.
- An increase .5 FTE and \$92,300 in total funds of which \$69,003 is general fund a Social Worker III to meet increased demand in child protective services and institutional abuse and neglect reports at the Badlands Human Service Center (BLHSC).
- An increase of \$349,774 to add an additional 32 hour per month temporary psychiatrist position working 16 hours per month and a full time temporary support staff position to assist with increased need due to Open Access clinic and increased finger printing need at the SCHSC.
- The remaining decrease of \$1,599,194 is a combination of increases and decreases needed to sustain the salary of the 860.40 FTEs in this area of the budget.
- A decrease of \$560,210 in Travel due to the Department-wide process used to develop the Department's savings plan.

- A decrease of \$96,154 in Miscellaneous Supplies with a majority of the decrease attributed to less need in this area.
- A decrease of \$49,766 in Office Equipment & Furniture Under \$5,000. Office Equipment and Furniture will be replaced as needed.
- An increase of \$350,456 in Rentals/Leases Buildings/Land and is mainly attributed to the following:
  - \$34,875 increase at the North West Human Service Center (NWHSC) is due to an escalation clause negotiated in the lease.
  - \$92,538 increase at NEHSC due to a \$1.19 per square foot rate increase on the main office space in the Grand Forks County Office Building as a result of increased operating costs.
  - \$192,320 increase at SEHSC for Vocational Rehabilitation rental space.
  - \$13,890 increase at SCHSC due to staff relocating to a different location and an increase in rental costs that the Transitional Living Facility.
  - \$20,057 at the West Central Human Service Center (WCHSC) due to changes in housing assistance without the addiction programming.
- A decrease of \$109,097 in Professional Development due to the Department-wide process used to develop the Department's savings plan.
- Grants, Benefits and Claims decreased by \$5,098,571 and is mainly attributed to the following:

- \$2,382,345 decrease in the State Wide Crisis Care Services contracts noted in [Attachment C](#).
- \$903,983 decrease at NCHSC, for a ten bed residential facility. The funding was granted and NCHSC completed two requests for proposal (RFP), but found no vendor having interest in the contract.
- \$290,772 decrease at NEHSC in the contract funding for crisis residential service for individuals with serious mental illness, chemical dependency residential services, and SMI supported residential services and Partnership Tracking/Mentoring contracts.
- \$598,584 decrease at SCHSC due to changes in managing the independent living services contract, changing from a bed day rate to a per unit rate for services.
- \$708,883 decrease at WCHSC to discontinue services at Heritage House, a 7 bed transitional living facility for clients with chemical dependency.
- \$265,764 decrease at WCHSC for Youth Residential Services based on current costs of services.
- \$172,193 increase for a 1% provider inflationary increase the second year of the biennium.

The general fund request decreased by \$5,413,395. \$2,012,278 is related to decreases in costs and caseload, and the remaining increase is due to other salary and operating changes for combined Human Service Centers as described above.

## **House Changes From Executive Budget:**

- The Department-wide FTE allocation results in a 21 FTE reduction distributed throughout the HSC, resulting in a \$3,213,000 decrease in Salary and Wages, of which \$1,835,031 is general fund. The majority of HSC staff provides interrelated behavioral health, child welfare, aging, vocational rehabilitation, and DD program management services. Cuts to one area adversely impact another.

Each behavioral health FTE loss would reduce client services by 1300 hours annually, the consequences of which would include revenue loss, delays in court-ordered assessments, wait time for specialized services, reduced response to community emergencies and further narrowing of priority population served to ensure resources are not spread so thin so as to render treatment ineffective. Behavioral health service reductions would further contribute to the statewide behavioral health service shortage, the significance of which include the worsening of illnesses left untreated, the severest of which result in lengthy hospitalization, overrepresentation within prison and jails, and violent law enforcement encounters ultimately shifting and increasing costs.

Other consequences to FTE reductions would include the decrease of county social service oversight and the delay of child care licensing, foster care licensing, family permanency planning, adoption facilitation, or child abuse investigation, all of which adversely affect children.

- \$424,595 decrease in Salary and Wages, of which \$248,034 is general fund due to the House Amendments that removed funding for anticipated retirements of 44 FTE in this area.
- \$1,047,367 decrease in Salary and Wages, of which \$593,439 is general fund due to the removal of the Fair Labor Standards Act Overtime funding. These reductions limit staff hours resulting in service reductions and loss of revenue.
- \$580,603 decrease in Salary and Wages, of which \$494,037 is general fund due to the elimination of the 1% salary increase proposed for the second year of the biennium.
- \$335,211 general fund decrease with an overall operating expense decrease of \$544,675 when federal matching funds are considered. This will result in further reductions in service contracts decreasing residential, case aide, and support services. Reducing capacity to treat at these lower levels of care, already identified as shortage, will result in the limiting of care and drive higher rates of hospitalization and over-incarceration.
- \$172,193 decrease in Grants, of which \$170,484 is general fund due to the elimination of the 1% inflationary increase for providers proposed for the second year of the biennium.

## Overview of Budget Changes – State Hospital

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
HSC/Institutions	\$70,585,135	(\$1,544,978)	\$69,040,157	(\$1,462,717)	\$67,577,440
General Fund	\$49,089,567	(\$4,874,067)	\$44,215,500	(\$1,218,101)	\$42,997,399
Federal Funds	\$2,165,701	\$911,201	\$3,076,902	(\$35,021)	\$3,041,881
Other Funds	\$19,329,867	\$2,417,888	\$21,747,755	(\$209,595)	\$21,538,160
Total	\$70,585,135	(\$1,544,978)	\$69,040,157	(\$1,462,717)	\$67,577,440
FTE	369.9	(1.00)	368.90	0	368.90

### Budget Changes from Current Budget to Executive Budget:

The overall budget decreased by \$1,544,978 and is attributed to the following:

- \$1,297,557 in total funds, of which \$1,295,271 is general fund needed to fund the Governor’s compensation package for State employees.
- \$737,993 in total funds, of which all is general fund needed to sustain the employee increases approved by the last Legislative Assembly.
- The salary underfunding changed from \$843,369 to \$1,493,195, which is a net change of (\$649,826).
- A decrease of \$111,957, of which 100% is general fund for a reduction of 1.0 FTE for a security officer due to the closing of a sex offender unit on the State Hospital grounds.

- A decrease of \$678,772 in Temporary Salaries and Overtime based upon FTE's being filled resulting in less overtime worked by staff and less temporary staff hired.
- A decrease of \$148,636 in Travel due to the Department-wide process used to develop the Department's savings plan.
- An increase of \$94,459 in Food and Clothing due to the increased cost of meals provided to patients.
- A decrease of \$109,444 in Building, Grounds and Vehicle Supply based on estimated need.
- A decrease of \$104,501 in Miscellaneous Supplies based on actual expenditures for the first year of the 2015-2017 biennium.
- An increase of \$46,098 in Utilities based upon actual usage to date and anticipated inflationary increases in rates of 3% each year.
- An increase of \$367,539 in Repairs including \$150,000 for a topographical survey of all sanitary and storm sewers, \$66,670 for jetting to maintain sewer lines and for repair and maintenance needs of an aging infrastructure.
- A decrease of \$52,458 in Professional Development due to the Department-wide process used to develop the Department's savings plan.

- A decrease of \$39,009 in Operating Fees and Services with the majority of the decrease due to a decrease in estimated freight costs and fewer staff members eligible for service awards.
- A decrease of \$77,914 in Fees-Professional Services with the majority of the decrease based on actual expenditures for services provided to patients from external Health Care providers.
- A decrease of \$1,061,502 in Extraordinary Repairs based upon a reduction of \$1,156,000 in one time funding of Heating Plant Repairs and Upgrade projects included in the 2015-2017 Budget offset by the 10% need calculation provided by OMB for the 2017-2019 budget.
- A decrease of \$945,349 in extraordinary repairs carried over from projects started in the 2013-2015 biennium; which include a sanitary sewer project, water control valve project, renovation of an inpatient unit, tuck-pointing repairs and card access system.
- An increase of \$383,299 in Equipment Over \$5,000, primarily due to replacement of the car hoe, purchased in 1983, and necessary for the unloading of coal cars.

The general fund request decreased by \$4,874,067. The majority of the decrease is due to one-time, extraordinary and capital carry over projects, the transfer of general funds to the Department of Corrections, as well as a change in federal funds and other third party collections.

## **House Changes From Executive Budget:**

- The Department-wide FTE allocation results in an additional nine FTE reduction for the State Hospital area of the budget, resulting in a \$1,377,000 decrease in Salary and Wages, of which \$1,118,239 is general fund. These FTE losses would require closure of an inpatient unit, further reducing the pre-existing statewide psychiatric hospital-bed shortage and resulting in further burden to the public community treatment providers and private psychiatric hospitals. The unit closure, if not accompanied by the authority to refuse admissions, could result in overcrowding, increased hospital violence, and increased complexity of unit management, all of which place accreditation in jeopardy.
- \$495,153 decrease in Salary and Wages, of which \$319,417 is general fund due to the House Amendments that removed funding for the anticipated retirements of 26 FTE in this area.
- \$219,886 decrease in Salary and Wages, of which \$151,837 is general fund due to the removal of the Fair Labor Standards Act overtime funding. Decrease in overtime pay would limit the hospital from paying staff picking up additional shifts when the hospital struggles to meet minimum staffing levels. Minimum staffing requirements, a necessity for accredited hospitals, are essential to a safe and therapeutic environment.
- \$224,381 decrease in Salary and Wages, of which \$223,550 is general fund due to the elimination of the 1% salary increase that had been proposed for the second year of the biennium.

- \$128,799 general fund decrease in operating expenses. This reduction requires eliminating the \$100,000 for UND psychiatry residency program reducing residency slots for training and retaining psychiatrists within the state. The remaining reduction of \$28,799 would be on preventive maintenance of infrastructure. Reducing routine and preventive maintenance runs the risk of system failure and not meeting the preventive maintenance accreditation standards.
- \$194,498 general fund decrease in Extraordinary Repairs. This reduction eliminates the replacement and repair of the Lahaug building skylights, all of which have consistently leaked and regularly result in wall replacement and heat and humidity concerns for pharmaceutical and medical supplies.
- \$200,000 general fund decrease in Equipment Over \$5,000. This reduction requires either the purchase of a used Car Hoe or the elimination of medical equipment. Our research thus far has not yielded the availability of a used Car Hoe. If a used Car Hoe cannot be found we either continue to operate the obsolete equipment or we drop other needs off the list. Operating obsolete equipment runs the risk of breakdown without capacity for repair due to unavailable parts and also runs the risk of worker injury. Our X-ray machine, chemical analyzer, and the Car Hoe are all obsolete and thus any one may breakdown without the ability for repair, leaving the hospital unable to complete our primary functions.

## Overview of Budget Changes – SOTEP

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
HSC/Institutions	\$13,118,938	(\$764,534)	\$12,354,404	(\$135,558)	\$12,218,846
General Fund	\$13,118,938	(\$764,534)	\$12,534,404	(\$135,558)	\$12,218,846
Federal Funds	\$0	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$13,118,938</b>	<b>(\$764,534)</b>	<b>\$12,534,404</b>	<b>(\$135,558)</b>	<b>\$12,218,846</b>
<b>FTE</b>	<b>85.55</b>	<b>(10.00)</b>	<b>75.55</b>	<b>0</b>	<b>75.55</b>

### Budget Changes from Current Budget to Executive Budget:

The overall budget decreased by \$764,534 and is attributed to the following:

- \$230,638 in total funds, of which all is general funds needed to fund the Governor’s compensation package for State employees.
- \$221,651 in total funds, of which all is general funds needed to sustain the employee increases approved by the last Legislative Assembly.
- The salary underfunding changed from \$853,618 to \$280,353, which is a net change of \$573,265
- A decrease of \$989,651 in Salary and Wages due to a decrease in 10.0 FTE due to increased community discharges and placement to the hospital Community Transition Center (CTC) resulting in reduced census allowing the closure of one unit.

- A decrease of \$294,616 in Overtime based upon FTE's being filled resulting in less overtime worked by staff and less temporary staff hired.
- A decrease of \$37,080 in Food and Clothing due to a decrease in census.
- A decrease of \$23,086 in Professional Development due to the Department-wide process used to develop the Department's savings plan.
- A decrease of \$59,113 in Fees-Professional Services due to a decrease in sexual dangerousness assessments due to the decreased census.
- A decrease of \$241,748 in Medical, Dental and Optical budget due to a decrease in census less services provided to patients in external Health Care Facilities.

The general fund decreased by \$764,534 primarily due to the closure of a unit in the Sex Offender Assessment and Treatment Program.

**House Changes From Executive Budget:**

- The Department-wide FTE allocation results in two additional FTE reductions for the SOTEP area of the budget, resulting in a \$306,000 decrease in Salary and Wages, of which all is general fund. These additional FTE losses will result in reduced nursing care hours for the medically fragile sex offenders and the additional community readiness services created for the Community Transition

House (CTC). The nursing care hours for sex offenders who meet nursing home level of care are crucial to prevent further medical deterioration.

- \$41,390 decrease in Salary and Wages, of which all is general fund due to the House Amendments that removed funding for the anticipated retirements of three FTE in this area.
- \$12,065 decrease in Salary and Wages, of which all is general fund due to the removal of the Fair Labor Standards Act overtime funding. Inability to pay overtime for staff working additional shifts would lead to the inability to meet our minimum staffing requirements and could put our accreditation in jeopardy.
- \$46,113 decrease in Salary and Wages, of which all is general fund due to the elimination of the 1% salary increase proposed for the second year of the biennium.
- \$35,990 general fund decrease in Operating expenses result in an overall decrease in replacement of resident and staff supplies. These reductions would result in the limiting of resident toiletries and other needed items. Individuals in this program, unlike the other NDSH treatment programs, remain for years, making them fully dependent on the hospital for their basic needs.

This concludes my testimony on the 2017-2019 budget requests for the Statewide HSC, HSC Combined, State Hospital, and SOTEP services. I would be happy to answer any questions. Thank you.