

**Testimony**  
**Senate Bill 2012 – Department of Human Services**  
**Senate Appropriations Subcommittee**  
**Senator Fischer, Chairman**  
**January 31st, 2007**

Chairman Fischer, members of the Senate Appropriations Committee, I am Kate Kenna, Director of Northeast Human Service Center (NEHSC) of the Department of Human Services (DHS). I am here today to provide you with an overview of the programs and services provided by NEHSC.

**Characteristics of the Region**

- NEHSC serves the citizens of Grand Forks, Nelson, Walsh and Pembina Counties.
- The population in the Northeast region is approximately 91,000; this represents 14 percent of the state's population. Fifteen percent of the state's children, nearly 23,500, reside in our region.
- NEHSC is located in Grand Forks with a satellite office in Grafton and an outreach site in Cavalier. We serve children and their families with issues of abuse, neglect or emotional disturbance; adolescents and adults with alcohol and drug problems; children and adults with developmental disabilities; and adults with serious and persistent mental illness. An additional area of focus is Vocational Rehabilitation, assisting individuals with disabilities to secure employment.

## **Clients Served**

- NEHSC provided clinical services to 3,072 individuals in SFY 2006. Approximately 30 percent of clients served are under the age of 18. Vocation Rehabilitation served 1,101 clients, and 140 clients were served through the Older Blind program.
- Other residents of our counties received indirect services through such programs as Aging Services, the Foster Grandparent Program, Child Welfare, and community education.
- Priority is placed on serving the region's most vulnerable individuals, including those who cannot otherwise access services.

## **Trends**

- Rate of admissions to the State Hospital continue to be fairly low. We coordinate local services among our medical providers, Altru Hospital, and various local providers to maintain clients in their home communities wherever possible.
- Developmental Disabilities case management had 91 new cases in the Fiscal Year. Most were either very young children or 18-21 year olds who experience gaps in services as they leave the educational system. Many of these young adults have diagnoses such as Traumatic Brain Injury, Asperger's or Fetal Alcohol Syndrome and do not have a wide range of services available in local communities.
- There was a decrease in the number of Child Protective Assessments from 637 in SFY 2005 to 575 in SFY 2006. However, the number of "services required" cases has not decreased.
- There has been an increase in individuals needing substance abuse treatment, primarily for alcohol abuse, and an increase in the number of pregnant women needing treatment.

- Requests for services for individuals involved with the Department of Corrections and the Division of Juvenile Services have increased, as have the number of involuntary commitments for addiction treatment.
- Seventy-five percent of our psychological assessments are for the purpose of assessing parental capacity as requested by Child Protective Services. Forty-five percent of children receiving treatment at NEHSC have been abused or neglected and their treatment is in relation to the abuse/neglect.
- Hiring staff has become increasingly difficult. Low unemployment and market equity issues in high demand areas such as psychology, nursing, and addiction counseling have led to extended vacancies, impacting service capacity.

### **Accomplishments**

- NEHSC, in cooperation with Northwood Clinic and the University of ND Medical School, completed a 1 1/2 year pilot project utilizing telemedicine in the delivery of mental health services to a rural site. We are now expanding this service to provide telemed psychiatric services to the Grand Forks Jail and to the NEHSC outreach site in Grafton.
- The Matrix Model, an evidence-based treatment for individuals with amphetamine abuse problems, has been implemented in the region.
- The Ruth Meiers Adolescent Center has received its first year of accreditation by the Council on Accreditation of Rehabilitation Facilities (CARF). This accreditation is required in order to continue to receive Medical Assistance funding for the program.

- NEHSC is partnering with the University of ND as a training site for the Association of Psychology Postdoctoral and Internship Centers (APPIC). This will increase psychology interns and hopefully improve future recruitment efforts.
- 30 new kinship providers and 10 new foster homes have been added in the NEHSC region in SFY 2006.

**Overview of Budget Changes**

Description	2005 - 2007 Budget	2007 - 2009 Budget	Increase / Decrease
HSCs / Institutions	20,468,060	22,192,605	1,724,545
General	8,332,165	9,936,283	1,604,118
Federal	11,251,266	11,475,195	223,929
Other	884,629	781,127	(103,502)
FTEs	136.25	137.10	0.85

**The budget increase is due primarily to:**

- The salary/benefits package in the Governor’s budget which adds \$1,028,874 in total funds. \$631,502 of this amount is general funds.
- The Governor’s budget adds 2.00 FTE, one for an additional SMI Case Manager and one for a Licensed Addiction Counselor for drug court services, totaling \$172,344.
- Other salary changes included the reduction attributed to the contracting of the Infant Development program with a private provider, which is then offset by the funds needed for market equity increases in hard to fill positions and to sustain the year two

employee increase for 24 months vs. 12 months in the current budget. This results in a net decrease of \$226,289.

- Also included in the Governor's budget is \$730,028 to expand residential capacity for SMI clients. This will assist in lowering census at the State Hospital. \$540,002 of this funding is general funds.
- Increased utility costs of \$10,000 are factored into the 07-09 budget request for the Ruth Meiers Adolescent Treatment Center. In addition, we have included \$8,893 in increased rent for our main office space, with increased utility costs the most significant cause.
- Northeast's budget request was increased by \$10,993 as a result of telecommunication rate increases from ITD.
- Inflationary increases for our contracted providers of 3% for each year of the biennium have been included totaling \$113,582.
- The above increases are offset by the following: reduction of Part C funded activity of \$52,000; reduction of \$19,107 for the Foster Grandparent program based on current utilization; and, reduction of \$27,509 for the Family Caregiver support program due to moving direct service payments from the regional budget of the central office budget.

Initially 1.15 FTE were reduced as the result of contracting for Infant Development services through a private provider. This is offset by the increase of 2.00 FTE noted above, for a net increase of .85 FTE.

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