

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

Senator Holmberg, members of the Senate Appropriations, I am Dan Cramer, Director of South Central Human Service Center (SCHSC) for the Department of Human Services (Department). I am here today to provide an overview of the programs and services that make up the budget request for SCHSC.

South Central Human Service Center

SCHSC provides services to individuals who reside in Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, and Wells counties. These 10,801 square area miles are home to approximately 55,963 residents as estimated by the 2015 U.S. Census Bureau.

Program Trends/Program Changes

Over the previous biennium, SCHSC has been actively working to reduce barriers to access needed services while also prioritizing our practice around recovery-oriented, trauma-informed, and integrated care.

Towards this end, in March of 2016, SCHSC began providing Open Access assessments three days a week for individuals with both addiction and mental health needs. This decision was made in part due to concerns about wait times for new clients that historically were often as long as four to six weeks, as well as to address no-show rates for assessments that were as high as 40-50%. Through implementing Open Access, we have effectively eliminated wait times and no-shows for assessments and are typically able to have individuals started in services in the first week

following assessment. As part of this process, we have also reduced barriers related to referrals between service types, and individuals are able to be evaluated and seen for additional services at the time this need comes to light rather than waiting for a referral to be processed.

A primary tenet we have worked towards is an increase in recovery-oriented care. From a practical perspective, this is about engaging people in more effectively managing their illness and restoring skills and supports that they require in order to be successful in the community. What that also means is that we are providing time-limited and outcome-informed services. We now complete a functional assessment with all clients and the results of this assessment help to identify barriers to recovery and inform treatment goals as well as establish specific criteria with which we can identify the need for reduced frequency of contact. From a resource management perspective this helps us to make certain that we are providing the right intensity of service to each client at the right time and actively working to transition individuals out of service when they are ready to do so.

As we have worked towards this change with SCHSC, we additionally have begun to examine each of our contracts from this same lens. In doing so, we identified a shift that could be made to our Independent Living Program (ILP) contract such that the treatment plan would drive the services provided. Under this new model (which will reduce the cost of this contract by \$603,098) the contracted provider will receive fee for service per unit rather than per bed day. Units provided would be based on the clients' specific barriers and be aimed at assisting the client with learning, applying, and integrating life skills with a goal of promoting effective community adjustment and independence. The expectation is

that we will see clients more rapidly developing needed skills and transitioning to increased levels of independence.

SCHSC is undergoing process and structural building changes aimed at increasing the security of our staff. Through this process we have incorporated involvement of our internal trauma-informed care trainers with all major decisions to make certain that any changes made to improve security are done in a way that do not have any unintended negative effects on the environment or to the clients we serve.

In addition to some of the core aims just reviewed, SCHSC continues to be a training site. We offer a Masters level therapy internship program. Additionally, within the current biennium, we have worked with the University of Jamestown as they established a Master of Science in Clinical Counseling. That program started in the Fall of 2016. We have coordinated with the University so we will be able to offer an internship and practicum site as part of an effort to grow trained professionals in our region. We have also coordinated with the North Dakota State Hospital and James River Correctional Center to develop a training collaboration where each agency rotates in providing staff trainings as a means to help staff meet continuing education credit requirements while saving on travel and training registration costs. SCHSC is also part of the regional addiction training consortium.

A continuing trend within our region is the increased demand for Emergency Services. The average number of crisis calls received per month has risen substantially over the current biennium; there were an average of 152 calls per month in 2014, 195 calls per month in 2015, and over 220 contacts per month in 2016. This increased demand for crisis assessment and counseling has led to a need for adjusting resource allocation. Since 2014 we have increased the number of staff providing

emergency services from three to six which has an impact on our ability to appropriately staff other behavioral health service areas in our region.

During the current biennium, SCHSC has utilized a full time temporary case manager position in the Developmental Disabilities unit in order to maintain a 60:1 caseload ratio. Recently an FTE was transferred from the Life Skills & Transition Center to SCHSC and this will be filled as a Developmental Disabilities Case Manager II. This transfer is supported by the growing number of individuals served through Developmental Disabilities from 667 in 2014 to 736 in 2016, an increase of 69 individuals.

Division	2017-2019 Executive Budget					State Fiscal Year 2016 Actual	
	Salary/Wages and Operating Expenses	Grants & Contracts	Total	HSC FTE's	HSC Temporar y Staff	# of Contract Provider Staff *	# of Individuals Served
Behavioral Health	9,977,306	3,548,536	13,525,842	48.23	2.95	62.00	2,315
Developmental Disabilities	1,992,618		1,992,618	11.71			736
Vocational Rehabilitation	1,342,461		1,342,461	8.00			170**
Child Welfare	422,356	5,938	428,294	2.23		0.50	
Aging Services	174,524		174,524	1.00			
Administration	1,735,792		1,735,792	11.33	1.30		
Total	15,645,057	3,554,474	19,199,531	82.50	4.25	62.50	
* This number is a combination of full and part-time staff.							
** VR applicant data is for FFY 2016							

Overview of Budget Changes – South Central Human Service Center

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
HSCs/Institutions	19,208,965	(9,434)	19,199,531	(225,691)	18,973,840
General Fund	10,806,367	402,645	11,209,012	(162,807)	11,046,205
Federal Funds	7,275,777	(667,653)	6,608,124	(55,521)	6,552,603
Other Funds	1,126,821	255,574	1,382,395	(7,363)	1,375,032
Total	19,208,965	(9,434)	19,199,531	(225,691)	18,973,840
Full Time Equivalent (FTE)	81.50	1.00	82.50	0.00	82.50

Budget Changes from Current Budget to Executive Budget

The overall budget decrease of \$9,434 can be mainly attributed to the following:

- \$289,090 in total funds of which \$240,818 is general fund needed to fund the Governor’s compensation package for State employees.
- \$150,908 in total funds of which \$138,907 is general fund needed to sustain the employee increases approved by the last Legislative Assembly.
- The salary underfunding changed from \$197,031 to \$346,775 which is a net change of (\$149,744).
- \$95,330 in the budget for overtime due to Fair Labor Standards Act requirements.
- \$142,098 in total funds, of which \$83,198 is general fund for a Developmental Disabilities Case Manager. The FTE was transferred

from the Life Skills & Transition Center to meet the required client to staff ratio of 60:1.

- \$349,774 increase to add an additional 32 hour per month temporary psychiatrist position, which was previously located at Southeast HSC working 16 hours per month and a full time support staff position to assist with increased need due to Open Access clinic and increased finger printing needs.
- \$34,249 increase in Salaries-Other based on actual expenses for the first year of the 2015-2017 biennium, which was the result of an increased need for face-to-face on-call services.
- \$19,538 decrease in Travel due to the Department-wide process used to develop the Department's savings plan.
- \$16,040 reduction in Supply/Material - Professional based on current need.
- \$13,890 increase in Rentals/Leases – Bldg/Land as a result of occupants renting space elsewhere. There was also an increase in rental costs at the Transitional Living Facility.
- \$28,243 decrease in Professional Development due to the Department-wide process used to develop the Department's savings plan.

Grants, Benefits & Claims decreased by \$602,710 and is mainly attributed to the following:

- \$16,457 for a 1% provider inflationary increase the second year of the biennium.
- A reduction of \$595,584 due to a change in how the independent living services contract is managed. The contract will change from a bed day rate to a per unit rate for services. Under this new model, services provided to each resident will be directed by their treatment plan with the goal of assisting the individual to learn and

integrate life skills to achieve greater independence and community adjustment.

- A reduction of \$16,069 for discontinuing a youth case aide contract and providing the service with current SCHSC staff. This will be accomplished by adjusting staff workloads as needed.

House Changes From Executive Budget:

- The Department-wide FTE allocation would result in the reduction of two FTE, resulting in a \$306,000 decrease in Salary and Wages, of which \$177,371 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.

- \$25,342 decrease in Salary and Wages, of which \$15,630 is general fund due to the House Amendments that removed funding for the anticipated retirement of three FTE in this area.
- \$95,330 decrease in Salary and Wages, of which \$50,672 is general fund due to the removal of the Fair Labor Standards Act overtime funding. This would result in reduced caseloads, creating a waitlist, and clients receiving fewer services and care.
- \$55,911 decrease in Salary and Wages, of which \$47,397 is general fund due to the elimination of the 1% salary increase that had been proposed for the second year of the biennium.
- \$32,651 general fund decrease in Operating expenses, which amounts to a total reduction of \$55,928. 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.
- \$16,457 decrease in Grants, all of which 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.

This concludes my testimony on 2017-2019 budget request for SCHSC.