

**Budget Committee on Human Services
Human Service Center Study
Representative Dever, Chairman
May 31, 2006**

Chairman Dever and members of the Budget Committee on Human Services, my name is Mark Anderson and I am the Regional Fiscal Manager for the South Central Human Service Center in Jamestown. I will be giving you an overview of the total center budget and the administrative budget for the South Central Human Service Center.

➤ **Total Budget Overview**

For the 2005-2007 biennium, the South Central Human Service Center began the biennium with a total budget of \$12,196,647 and an authorized FTE count of 88. Since the start of the biennium, these amounts have changed as the result of the centralization of billings and receivables functions with the Regional Office Automation Project (ROAP), a change in the delivery of infant development services to providing these services using a contracted agency, and the centralization of the funding for the client services portion of the Family Caregiver Support Program (FCSP).

- **Transfer of 0.5 FTE for Centralized Billing to Central Office (\$ 31,396)**
- **Transfer of 2.0 FTE's - Infant Development Program contract \$ -0-**
- **Transfer for FCSP centralized funding to Aging Services (\$ 40,013)**

These three reductions leave the Center with a current budget of \$12,125,238 and 85.50 FTEs.

The current budget is sufficient to meet the core service demands within our region. There are several major issues that are impacting our current budget.

One issue is the difficulty in recruiting and retaining licensed addiction counselors. This has been a major problem for South Central for the past 3 biennium's. Currently, we have two vacant positions and have either delayed or stopped services in certain areas due to this staff shortage.

The other major issue is in the area of services to the seriously mentally ill population. We are currently in the process of transitioning 6 clients from the North Dakota State Hospital into our semi-structured living program in Valley City. This is being done in a coordinated effort to make more available beds at the State Hospital for those clients that need that level of care. Our current staff to client ratio is well above the average in this service area and we may need to add another case manager and/or a case aide position to meet this demand.

The Center has experienced some savings due to the roll-up associated with the vacancies in both the acute services and in the addiction services. We intend to use a portion of the roll-up from those vacancies to cover the increase in the costs for those clients that will be transitioned to the independent living program.

There are no major program changes anticipated for the 2007-2009 biennium other than those mentioned previously.

Administrative Budget Overview

- **SCHSC Budget Total**
- **SCHSC Budget – Administration**
- **SCHSC Budget – Child Welfare Services**
- **SCHSC Budget – Disability Services**
- **SCHSC Budget – Mental Health & Substance Abuse Services**
- **SCHSC Budget – Older Adult Services**
- **SCHSC Older Americans Act Contracts**
- **SCHSC Organizational Chart**

This concludes my testimony.