Senator Dever and members of the Budget Committee on Human Services, I am Marilyn Rudolph, Regional Director of Northwest Human Service Center in Williston and North Central Human Service Center in Minot. I am here today to provide an overview of the services and needs of both Northwest Human Service Center and North Central Human Service Center.

First, I would like to present information on services provided by North Central Human Service Center. We serve seven counties: Burke, Renville, Bottineau, Mountrail, Ward, McHenry and Pierce. This information will focus on the Human Service Center reporting format developed by the Legislative Council.

Regions I and II share positions to provide efficient and effective expertise in the frontier counties. We share a director, the business manager, the regional child care representative, the vulnerable adult services/ombudsman staff person and the vision specialist. This requires organizational skills and the ability to travel. Of course, technology has assisted in making this possible. Another unusual staffing arrangement we have is the supervision of a child care representative for Regions III and VII. This staff person has excellent experience and has proven that commuter arrangements can work very well.

North Central has worked very hard to establish residential options for individuals with addiction diagnoses. Currently we have New Hope, a contract women’s program with 13 beds. This program serves women in treatment with children with emphasis on daily living and parenting. We have Brooklyn Flats, a contracted crisis residential program that has 11 beds. This is utilized to house individuals who need
daily monitoring and treatment. This program diverts individuals from the North Dakota State Hospital. With a continuum of care in mind, Recovery House has seven beds for individuals who are in treatment and transitioning back to the community. A stay at Recovery House averages five weeks. Hope’s House is a 10-bed residential option for individuals who have need for longer term support. An average stay would be nine months. The House has six beds and requires individuals to be working, paying rent and attending Aftercare.

All of these residential options provide support and stability for individuals trying to maintain a chemical-free lifestyle. Even with this array of options, we find our referrals to the State Hospital increasing due to the chronicity of the addiction and the need for a locked facility.

Our Transitional Living (TL) Home for individuals with serious mental illness has eight beds, one of which is maintained for respite or emergencies. We find it difficult to house diverse populations together. For example, the atmosphere at Brooklyn Flats does not meet the needs of an individual with severe mental illness because it is often a site of varied activity when an individual with severe mental illness needs a quiet and serene atmosphere. Fortunately, the TL Home provides that atmosphere. We are exploring ways to have up to four beds for respite or emergencies in order to better serve this population.

Impact of our community partners’ referrals has challenged us. Over 50% of our addiction referrals are from the Department of Corrections. We are very excited about the prospect of a juvenile drug court project spearheaded by Judge Mattson. North Central employees have participated in the planning phases and the Center has designated a staff person to work with the drug court. Drug Court has proven effective, and we feel it will serve our adolescents with earlier intervention and more positive outcomes.
In the area of children’s services, we have experienced an increase in complex cases with multiple community players. This requires time and skill. We are fortunate to have staff with advanced skills and credentials to serve these children and families. We struggle to maintain staff because the private sector offers salaries $10,000 to $20,000 higher per year with more extensive benefits. As we prepare the budget for the 2007-2009 biennium, we will be considering enhancing the contract to include one more full-time case aide from the Village.

The Oppen Home has very successfully served young pregnant women and now provides emergency shelter care in order to maintain full capacity. Oppen has been holding stakeholder meetings to assess their services and improve their policies and procedures. The provision of shelter care has filled a vital gap in our region.

In closing, I echo my colleagues’ concerns about rising costs of utilities, technology and transportation. The issue of recruitment and retention of staff is paramount. We recently lost a staff person to the private sector and a salary of $1,000 more per month with benefits. We cannot compete. North Central has four staff planning to retire this biennium and twice as many next biennium; half of these are supervisors.

Total Budget Overview

For the 2005-2007 biennium the North Central Human Service Center began with a total budget of $15,347,691 and an authorized FTE count of 113.78. The following changes have taken place since the start of the biennium resulting in the center’s budget being reduced by $79,618 and an increase of 3.00 FTEs.

- Received 1.00 FTE from NWHSC
- Received 1.00 FTE from Pool
 Received .50 FTE from WCHSC for Child Care position
 Received 1.00 from NEHSC for DD Case Manager (Inf Devel)
 Transfer 1.0 FTE to Centralized Billing
 Transfer Funding for Centralized Billing..........................($50,223)
 Transfer FCSP Client Service Funding to Central Office......($126,773)
 Child Care Staff Change.................................................$97,378

 This leaves a current budget for North Central of $15,268,073 and 116.28 FTEs

This concludes my testimony. Thank you for your time.

Attachments:

- NCHSC Budget – Total
- NCHSC Budget – Administration
- NCHSC Budget – Child Welfare Services
- NCHSC Budget – Disability Services
- NCHSC Budget – Mental Health & Substance Abuse Treatment Services
- NCHSC Budget – Older Adult Services
- NCHSC Older Americans Act Contracts
- NCHSC Budget – Oppen Home
- NCHSC Organizational Chart