

**Testimony**  
**Health Services Committee – Department of Human Services**  
**Senator Lee, Chairman**  
**July 28, 2011**

Chairman Lee, members of the Health Services Committee, I am Tim Sauter, Regional Director of West Central Human Service Center (HSC), Bismarck, and Badlands HSC of Dickinson of the Department of Human Services. I am here today to give you information regarding programs and services provided through the eight Regional Human Service centers in North Dakota as it relates to health care in rural areas of the state.

Each of the HSCs provides direct outreach services to clients via staff who travel to several regional communities on a regular basis. Some of the core services provided in this manner includes:

- Work with high-risk families who have been identified through referral from Children & Family Services due to abuse/neglect issues;
- Direct case management services in outreach offices or client homes for individuals with developmental disabilities or serious mental illness;
- Mental health evaluations and follow-up individual and/or family therapy;
- Addiction evaluations and follow-up treatment services;
- Partnership care coordination for children with serious emotional disturbance and their families;
- Care coordination and skills training for youth in transitional ages who need to develop skills required in adulthood;
- Services provided to vulnerable adults in the community, as well as the ombudsman program for those in institutions.

Depending upon the specific needs of a given region, the available HSC resources, and availability or absence of other providers in the area, other services to rural areas include:

- Consultation with tribal agencies to assure provision of needed services in reservation areas, including scheduled HSC outreach clinics;
- Transition services for youth coming out of placement in psychiatric residential treatment facilities;
- Psychiatrist consultation to nursing homes or jails; and,
- Crisis response to areas dealing with natural disasters, suicide, etc.

A major area of emphasis has been on provision of telemedicine services (telepsychiatry) for areas lacking adequate on-site psychiatric coverage as a result of recruitment difficulties. See Attachment "Telemedicine Services", which shows the progression of these activities and the projected future utilization of this technology.

In addition, Alex Schweitzer, North Dakota State Hospital Superintendent, has been working with rural hospital providers to explore the potential provision of additional telepsychiatric services from that facility. The committee may wish to have Mr. Schweitzer present at a future meeting to talk more about the potential for service expansion in that area.

It is the intent of the Department to continue to expand telemedicine services for improved access in underserved areas. We are prepared to provide this committee with additional information as requested for your interim study.

Thank you. I will be happy to answer any questions you may have.

**Attachment**

**TELEMEDICINE ACTIVITIES – DEPARTMENT OF HUMAN SERVICES**

**1990's:**

- NDSH patient court hearings via polycom
- Surveyed consumers to assure comfort level
- Researched other states' activities and established basic protocol
- HSCs began telemed contract in areas of psychiatrist shortage
- NEHSC and Northwood FQHC piloted some acute therapy services via contract
- ND Medical Assistance approved for psychiatric evaluation and medication review (t code for location)
- 2<sup>nd</sup> polycoms placed in all HSCs

**Current:**

- ITD researched and hosts a new platform with increased connectivity (desktop to desktop, laptop to desktop, etc.)
- Working on infrastructure details: ROAP id's, billing, scheduling, support functions
- LRHSC providing more telemed services due to flooding/road access issues
- Dr. McLean implementing telemed services to areas of need (direct patient services as well as CNS supervision)
- Preparing DHS physicians for increased involvement
- Use polycom for DOCR release & integration planning with inmates
- HSCs share Title XIX authorizations across centers; will increase use of telemed for these

**Future:**

- Determine other services approved for t location code (Medical Assistance)
- Expand rollout in 2011-2013 to include more psychiatrists and more sites
- Technology continues to improve
- Younger staff and clients more comfortable with technology
- Will increase options to improve access without travel
- NDSH exploring potential to provide consultative services to rural access hospitals