

Testimony
Department of Human Services
Human Services Committee
Representative Damschen, Chairman
October 29, 2013

Chairman Damschen, members of the Human Services Committee, I am Alex C. Schweitzer, Director of Field Services for the Department of Human Services. I am here today to testify on the behavioral health services provided by the Department of Human Services.

The North Dakota State Hospital

Services Provided:

The North Dakota State Hospital (NDSH) located in Jamestown provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services and safety-net services for adults. The people receiving these services are the NDSH's traditional population and we utilize 123 beds for their evaluation and treatment. The current emphasis in terms of mental health and substance abuse treatment is on community-based care.

At the same time, acuity levels of patients at the NDSH have increased. For example, the current addiction patients have severe, chronic medical problems and the psychiatric patients have multiple diagnoses. There are five key patient groups who are consistently served in the NDSH due to communities finding difficulty successfully treating them:

- those with significant behavioral problems from nursing homes,
- individuals with a developmental disability from group homes and those with traumatic brain injury,
- violent and forensic individuals,

- community-based sex offenders with mental health and substance abuse problems, and
- individuals with chronic recidivistic mental illness and substance abuse.

The NDSH’s growth since 1997 has been in forensic services, with the evaluation and treatment of sex offenders and the treatment of addiction clients from the Department of Corrections and Rehabilitation (DOCR) in the Tompkins Rehabilitation and Corrections Center (TRCC) at the NDSH.

The NDSH provides two types of forensic services: (1) Alcohol and drug treatment for offenders from the DOCR who are treated in the TRCC, consisting of an eight week residential addiction treatment program. The NDSH serves 60 male patients and 30 female patients in this program. The average daily population is 86 patients. (2) Inpatient evaluation and treatment services for sex offenders. This group of patients are housed and treated in the secure services unit of the NDSH. The NDSH operates 76 beds in the secure services unit.

Staffing:

2013-2015 Biennium FTEs	
State Hospital - Traditional	369.77
Secured Services	87.68
Totals	457.45

Number of Clients Served:

See [Attachment A \(1\)](#) and [\(2\)](#)

Cost Per Client:

NORTH DAKOTA STATE HOSPITAL	
DAILY ROOM AND BOARD RATES	
	CALENDAR YEAR
	2013 RATES
L-100 Admissions	\$ 522.39
L-500 ICFW - Intensive Care for Women	\$ 599.89
L-300 - Gero Psych Services	\$ 367.18
L-600 - Psych Social Rehabilitation	\$ 387.32
Crossroads Residential	\$ 313.01
L-400 Chemical Dependency/Psych	\$ 352.79
Tompkins Program	\$ 171.06
TL Therapeutic Rate	\$ 222.04
TL Rent (Paid by Patients)	\$ 10.80
Secure Services	\$ 244.21

Funding Sources:

2013 – 2015 BUDGET	ND STATE HOSPITAL TRADITIONAL	SECURE SERVICES	TOTAL
GENERAL FUND	\$45,256,641	\$11,743,789	\$57,000,430
FEDERAL FUNDS	\$2,136,894		\$2,136,894
OTHER FUNDS			
Insurance	\$8,242,356		\$8,242,356
Private Payments	\$1,356,146		\$1,356,146
Indian Health Service Payments	\$50,000		\$50,000
Other Revenue	\$7,826,170		\$7,826,170
TOTAL OTHER FUNDS	\$17,474,672		\$17,474,672
TOTAL 2013-2015 BUDGET	\$64,868,207	\$11,743,789	\$76,611,996

Estimated Unmet Needs:

The NDSH has seen its admission and average daily population stabilize because of increased emphasis on community based services. The area of projected growth is in forensic services, which includes the evaluation and treatment of patients facing criminal charges and have mental health issues. Currently, the four beds we utilize for forensic services are fully utilized. Trends indicate that the NDSH may need to expand beds and services for the forensic population.

The Regional Human Service Centers:

The Department of Human Services (DHS) operates eight regional human service centers (HSCs) and each provides mental health and substance abuse services in a specific region of the state. The HSCs are located in Region I, the Northwest Human Services Center in Williston; in Region II, the North Central Human Services Center in Minot; in Region III, the Lake Region Human Services Center in Devils Lake; in Region IV, the Northeast Human Services Center in Grand Forks; in Region V, the Southeast Human Services Center in Fargo; in Region VI, the South Central Human Services Center in Jamestown; in Region VII, the West Central Human Services Center in Bismarck; and in Region VIII, the Badlands Human Services Center in Dickinson.

Services Provided:

The eight HSCs provide an array of community-based services, either directly or through contract with private providers. They serve individuals who, because of mental illness, addiction, or disability are at risk of harm or institutional placement. Their mission is to provide services that are accessible at the most appropriate and cost-effective level of care. The HSCs provide community safety-net services for the state's most vulnerable citizens. The HSCs provide necessary services where there are needs or gaps. The exact service mix is determined by specific needs of consumers in the region, resources of the HSCs, as well as other resources available within the region from private and other public providers. The DHS places a high value on alignment across the regions, operating as one system that shares resources as needs and demands shift.

Services are provided within the clinic setting, rural outreach centers, client homes, or other community settings, and include 24-hour emergency services as well as follow-up services. Telemedicine and telepharmacy services are being provided in rural areas of the state to improve client access, and the expansion of this capability is allowing the DHS more flexible use of medical staff resources across the state.

The HSCs are also responsible for program supervision and regulatory oversight of the Child Welfare services provided by county social services and the access point for admissions to the NDSH. Crisis lines are answered 24 hours per day, seven days a week. Services are provided in the following areas at each HSC.

- Aging Services
- Developmental Disabilities
- Vocational Rehabilitation
- Child Welfare
- Children's Mental Health
- Serious Mental Illness (Extended Care Coordination)
- Acute Clinical
- Substance Abuse
- Outpatient Sex Offender Treatment
- Crisis/Emergency Response

See [Attachment B](#): DHS-HSC Core Services.

Staffing:

Human Service Center	2013-2015 Biennium FTEs
State-Wide HSC Management	5.00
Northwest	44.00
North Central	118.53
Lake Region	61.00
Northeast	139.50
Southeast	184.15
South Central	83.50
West Central	136.10
Badlands	74.70
Totals	846.48

Number of Clients Served:

State Fiscal Year	Northwest HSC	North Central HSC	Lake Region HSC	Northeast HSC	Southeast HSC	South Central HSC	West Central HSC	Badlands HSC	State- wide	Change from the Previous Year
2008	1,263	3,215	2,373	3,370	5,029	2,958	4,913	1,854	24,975	N/A
2009	1,342	3,197	2,318	3,555	4,968	2,991	5,027	1,891	25,289	314
2010	1,545	3,225	2,484	3,557	5,102	3,074	5,348	1,860	26,195	906
2011	1,650	3,325	2,607	3,608	5,042	3,236	5,655	1,912	27,035	840
2012	1,833	3,398	2,373	3,356	4,949	3,182	5,532	1,871	26,494	(541) ¹

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1. Decrease in children’s services due to referrals to private providers
 2. Trend toward longer periods of treatment and slightly fewer referrals
 3. Trend toward referring clients that don’t meet DHS core service requirements to private providers
 4. Staff turnover, and the difficulty in filling some positions has limited the number of new clients in certain service areas.

Cost per Client:

	All HSCs
2013-2015 Budget	\$181,408,535

Caseload Data	
SFY 2011	27,035
SFY 2012	26,494
Average client count for previous 2 years of data	26,765

Estimated Average Annual Cost Per Client	\$3,389
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Estimated Average Monthly Cost Per Client	\$282
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Funding Sources:

See [Attachment C](#).

Estimated Unmet Needs:

The Department completed state-wide stakeholder meetings in late September. We are currently summarizing the regional information in order to quantify the stakeholder requests and to determine if any of the needs can be addressed within current services and capacity. We would be able to provide information on the summarized needs at a later meeting of this committee.

I would be happy to answer any questions.