

**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:

<b>2013-2015 Biennium FTEs</b>	
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:

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

Funding Sources:

<b>2013 – 2015 BUDGET</b>	<b>ND STATE HOSPITAL TRADITIONAL</b>	<b>SECURE SERVICES</b>	<b>TOTAL</b>
<b>GENERAL FUND</b>	<b>\$45,256,641</b>	<b>\$11,743,789</b>	<b>\$57,000,430</b>
<b>FEDERAL FUNDS</b>	<b>\$2,136,894</b>		<b>\$2,136,894</b>
<b>OTHER FUNDS</b>			
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
<b>TOTAL OTHER FUNDS</b>	<b>\$17,474,672</b>		<b>\$17,474,672</b>
<b>TOTAL 2013-2015 BUDGET</b>	<b>\$64,868,207</b>	<b>\$11,743,789</b>	<b>\$76,611,996</b>

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:

<b>Human Service Center</b>	<b>2013-2015 Biennium FTEs</b>
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:

<b>State Fiscal Year</b>	<b>Northwest HSC</b>	<b>North Central HSC</b>	<b>Lake Region HSC</b>	<b>Northeast HSC</b>	<b>Southeast HSC</b>	<b>South Central HSC</b>	<b>West Central HSC</b>	<b>Badlands HSC</b>	<b>State- wide</b>	<b>Change from the Previous Year</b>
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) <sup>1</sup>

- <sup>1</sup>
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:

	<b>All HSCs</b>
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:

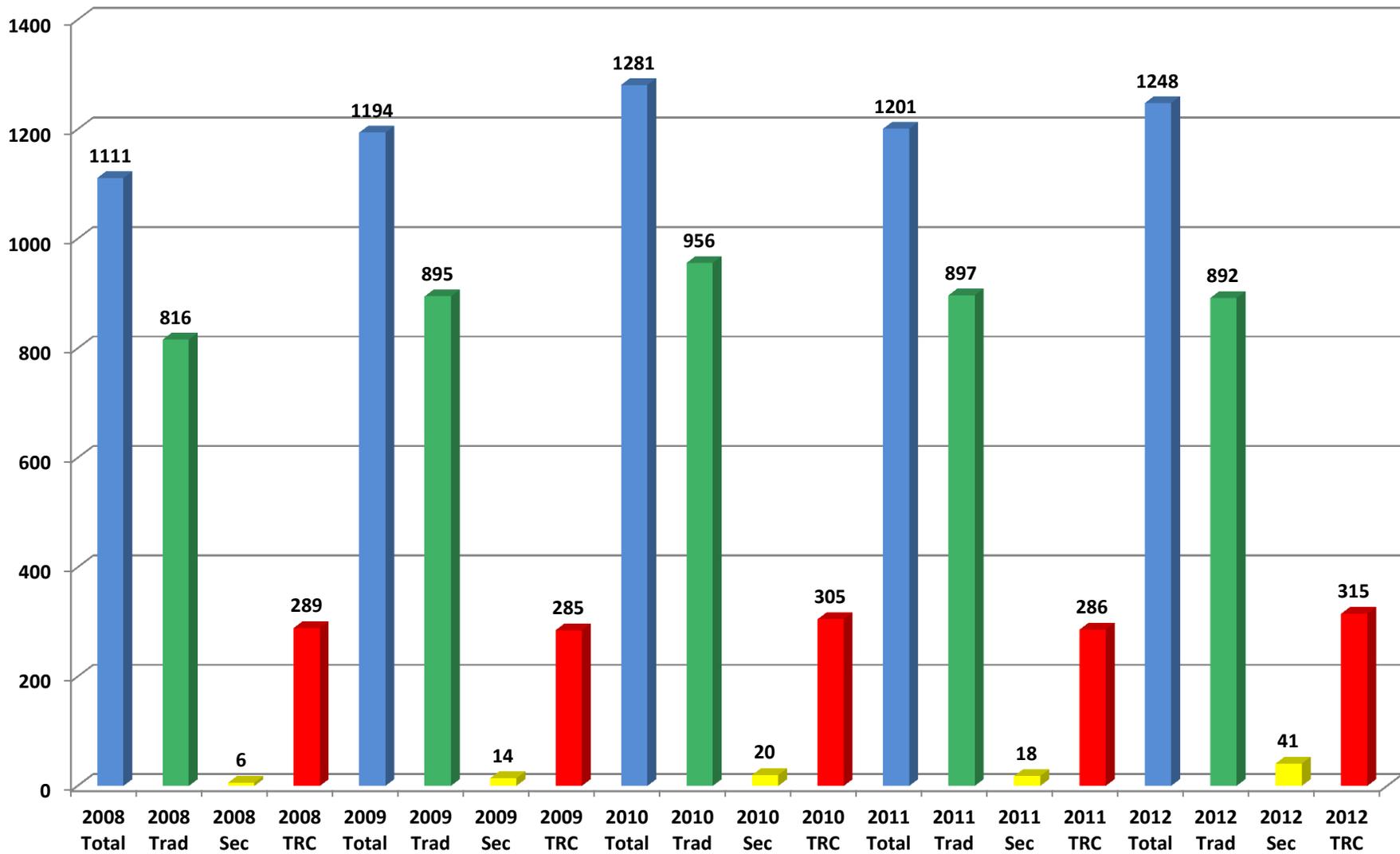
See [Attachment C](#).

Estimated Unmet Needs:

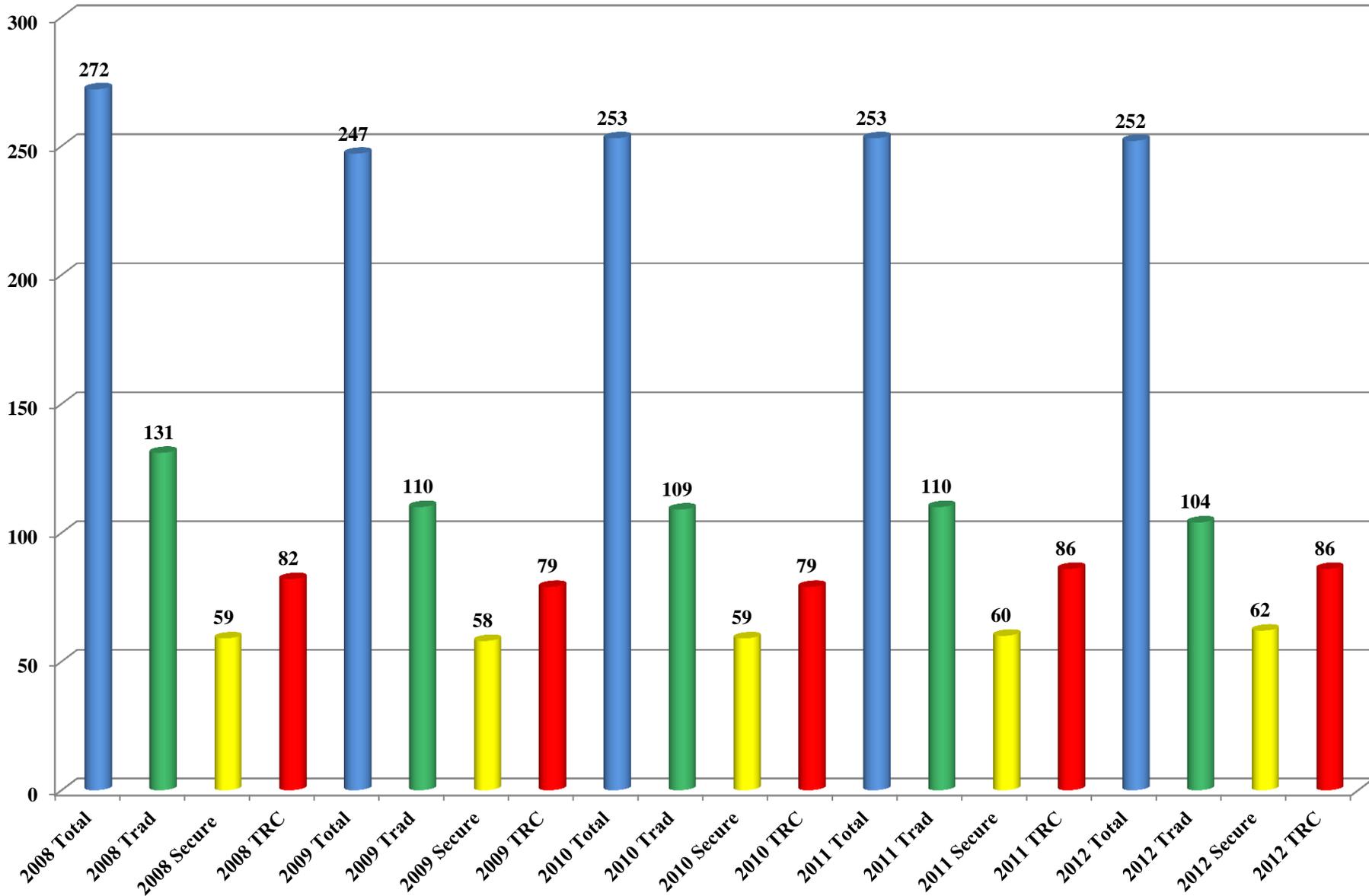
The Department completed state-wide stakeholder meetings in late September. We are currently summarizing the regional information in order to quantify the stakeholder requests and to determine if any of the needs can be addressed within current services and capacity. We would be able to provide information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

I would be happy to answer any questions.

# NDSH TOTAL ADMISSIONS



# NDSH AVERAGE DAILY POPULATION



**Summary of Core Services**  
**N.D. Department of Human Services**  
**Regional Human Service Centers**

**Aging Services:**

- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

**Developmental Disabilities**

- Case Management
- Day Supports
- Extended Services

**Vocational Rehabilitation**

- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Supported Employment Services
- Rehabilitation Technology Services
- Business Services including ADA Consultation and Assessment

**Child Welfare Services**

- Program Supervision – Regional Reps and Child Care and Foster Care Licensing Specialists
- Foster Parent Support Services

**Children's Mental Health**

- Level I Criteria
  - Care Coordination
- Level II Criteria
  - Care Coordination
  - Case Aide Services
  - Crisis Residential/Safe beds
  - Flexible funding
  - Transition to Independence Program (TIP)

**Serious Mental Illness (Extended Care Coordination)**

- Care Coordination
- Case Aide Services
- Needs-based array of residential services
- Community Support Services
- Medical Management
- Acute/Clinical Services as deemed clinically appropriate
- Integrated Dual Disorder Treatment (IDDT)

### **Acute Clinical Services**

- Core Populations:
  - Self Harm/Suicide
  - Child Abuse and Neglect
  - Foster Care/ Subsidized Adoption
  - Acute Psychiatric
  - Domestic Violence
- Services
  - Psychological evaluation and testing
  - Psychiatric evaluation
  - Clinical evaluation
  - Individual Therapy
  - Group Therapy
  - Family Therapy
  - Clinical Case Management
  - Medication Management
  - Crisis Residential
  - Short Term Hospital
  - Lab and Clinical Screening
  - Battered Treatment (North Central Human Service Center)
  - Survivors Treatment (West Central Human Service Center)
  - Parental Capacity Evaluations
  - Sex Offender Treatment

### **Substance Abuse Services**

- Adults and Adolescents
- Care Coordination/Case Aide
- Evaluation
- Social and Medical Detoxification Services
- Needs based array of primary treatment services
  - Low intensity outpatient
  - Intensive outpatient
  - Day treatment
  - Residential Treatment
- Residential services
- Drug Courts

### **Crisis/Emergency Response Services**

- 24-hour a day/7-days a week crisis call response from a designated, trained Center employee
- Regional Intervention Services
  - Screening to the N.D. State Hospital
  - Gatekeeping/referral to N.D. State Hospital and private hospitals
- Information and Referral

***Note: Funding varies depending upon the service and the financial status of the client for a combination of federal funding sources, general funds, and third party collections including private pay and insurance.***

**Department of Human Services**  
**Funding by Human Service Center**  
**For the 2013-2015 Biennium**

2013-2015 Budget	State-Wide HSC Management	Northwest	North Central	Lake Region	Northeast	Southeast	South Central	West Central	Badlands	Total
General Fund	\$4,489,914	\$5,800,711	\$13,277,292	\$7,962,223	\$14,549,169	\$23,483,677	\$9,700,593	\$17,083,469	\$7,675,739	\$104,022,787
Federal Funds	\$1,252,538	\$3,094,666	\$8,255,093	\$4,739,022	\$12,668,986	\$14,704,341	\$6,944,171	\$12,103,541	\$4,517,460	\$68,279,818
Other Funds – 3rd party insurance and private party payments	\$0	\$599,140	\$1,121,364	\$580,655	\$1,954,557	\$1,222,383	\$1,099,569	\$1,541,718	\$986,544	\$9,105,930
<b>Total</b>	<b>\$5,742,452</b>	<b>\$9,494,517</b>	<b>\$22,653,749</b>	<b>\$13,281,900</b>	<b>\$29,172,712</b>	<b>\$39,410,401</b>	<b>\$17,744,333</b>	<b>\$30,728,728</b>	<b>\$13,179,743</b>	<b>\$181,408,535</b>