



Engrossed HB1012 – Life Skills Transition Center

Senate Appropriations | Human Resources Division

Senator Dick Dever, Chairman

March 20, 2025, Heather Jenkins | Superintendent, Life Skills Transition Center

NORTH
Dakota
Be Legendary.

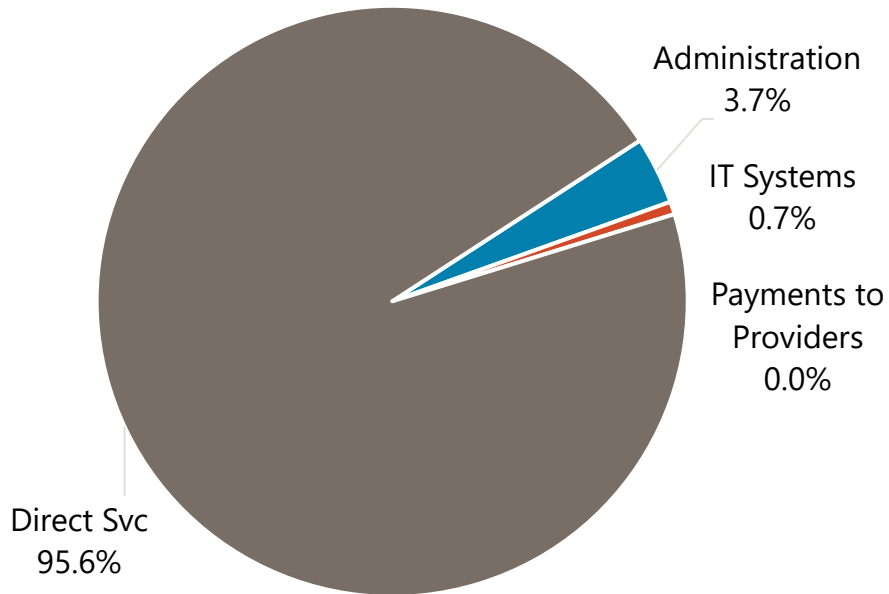
Health & Human Services

Budget Overview

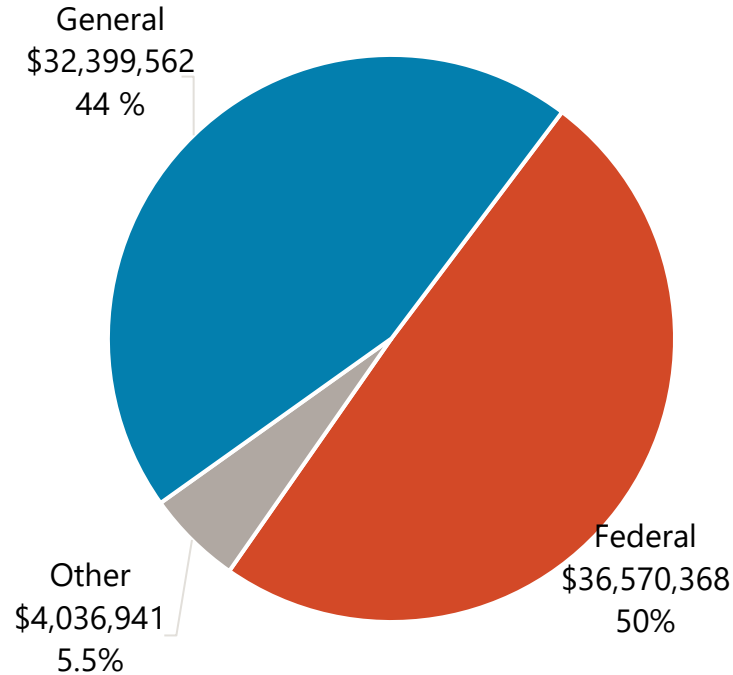
Life Skills Transition Center: \$73.0 million total budget

1.2%
total HHS Budget

25-27 EBR – LSTC



25-27 EBR – LSTC



Who does LSTC serve?
Children and adults with complex and co-occurring disabilities who are not always well-served by the current continuum of services.

How does LSTC serve?
Residential Crisis / Stabilization and Non-Residential Statewide Stabilization Supports

LSTC serves as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.

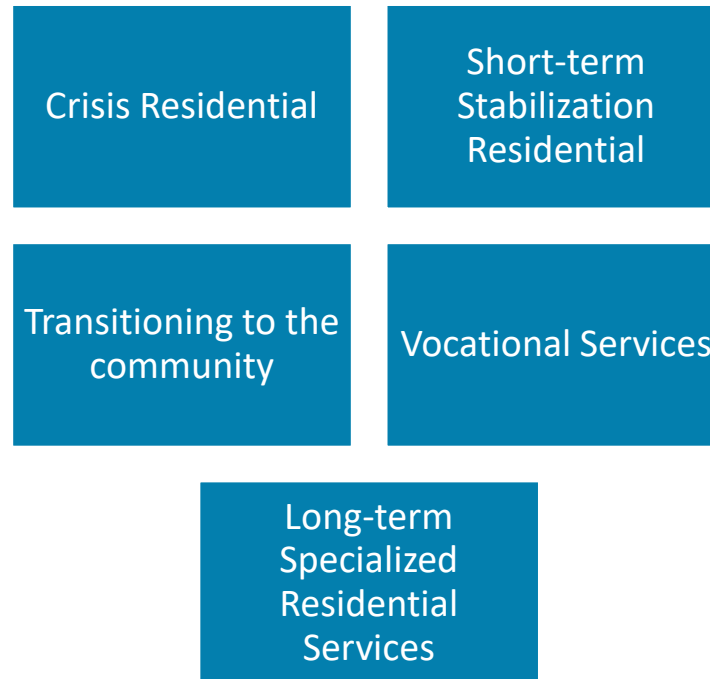
LSTC provides both Residential and Non-Residential services

Person-centered care that goes beyond traditional models, offering specialized support to individuals with intellectual disabilities who need more than others can offer.

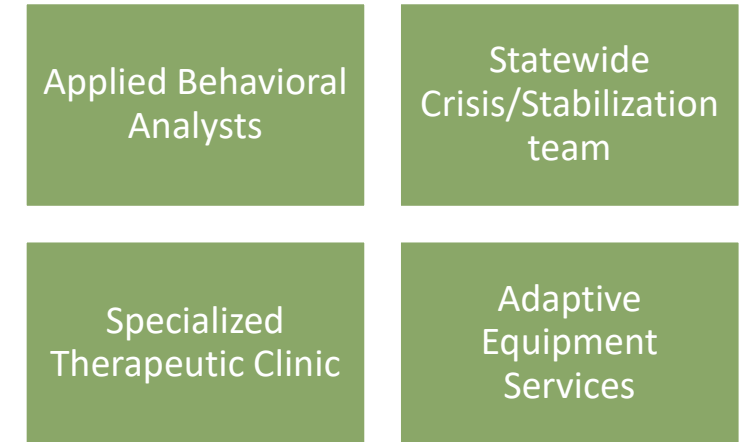
Multidisciplinary team works together to create personalized plans for each person, offering specialty care and crisis stabilization to help individuals regain stability.

Work to ensure that every person has a clear path to a community-based life whenever possible.

RESIDENTIAL Crisis / Stabilization (Specialized ICF)



NON-RESIDENTIAL Statewide Stabilization Supports



NDCC Reference for LSTC Authority
NDCC 25-04 | Care of Developmentally Disabled

Residential Services | Crisis/Stabilization

Crisis Residential

\$\$ Medicaid (fed/gen)

Crisis Residential Services: Intermediate care facility (ICF) provides 24-hour comprehensive services and support including medical and clinical programming. This includes services for those requiring skilled nursing, behavioral health services, services for youth in transition from the agency to community settings, and services for adults with sexual offending behaviors.

Short-term Stabilization

\$\$ Medicaid (fed/gen)

Short-term Stabilization Services: Short-term Stabilization Services at LSTC provide critical support during times of crisis when individuals with intellectual and developmental disabilities (I/DD) face temporary gaps in care. This may occur due to a sudden worsening of behavioral or physical health needs, the loss of a caregiver or home, homelessness, or a short interruption in services. LSTC crisis admissions offer immediate, temporary care to keep the person safe while we work to establish long-term supports in the community, ensuring a smooth transition and stability for the individual.

Transition Supports

\$\$ General Fund

Transition Supports: When someone moves from LSTC to other private supports, LSTC transition teams provide a customized transition plan/schedule to ensure a smooth and successful process. LSTC staff provide on-site support during the move, and both a Behavior Analyst (ABA) and Crisis Stabilization Coordinator (CSC) are assigned to assist with the adjustment, remaining available for ongoing support. This approach ensures individuals receive the necessary guidance and resources for a successful transition to their new home and support system.

Vocational Services

\$\$ Medicaid (fed/gen)

Vocational Services: LSTC's Vocational Services offer a robust and supportive approach to helping individuals with intellectual disabilities gain valuable work experience and enrich their lives through community involvement. These services combine hands-on work training, therapy, and community engagement to help individuals develop essential skills and realize their full work potential.

Long-term Specialized Res

\$\$ Medicaid (fed/gen)

Long-Term Specialized Residential: Long-term specialized residential services provide a safe, supportive, and structured environment for individuals who have lived at LSTC for most of their lives. This legacy service allows each individual person, their guardian(s) and their care team to make the decision that is right for them. LSTC works with all residents to identify options for transition, including long-staying individuals.

Non-Residential Services

Applied Behavioral Analysts

\$\$ Medicaid (fed/gen)

Applied Behavior Analysts (ABA)- LSTC team of ABAs provide professional behavior analysis services to private providers and families across the state. They conduct detailed functional assessments to develop intervention plans that help address challenging behaviors. Using evidence-based methods, ABAs design teaching strategies and support teams with intervention planning, staff training, coaching, and ongoing performance analysis.

Statewide Crisis/Stabilization Team

\$\$ General Fund

Statewide Crisis/Stabilization Team (CSC)- CSCs provide response to people with intellectual/developmental disabilities who are experiencing a de-stabilizing crisis while in their home setting. CSC's work directly with families, providers and community partners to provide individualized and responsive services to help people live successfully in their communities.

Therapeutic Clinic

\$\$ Private Insurance / Contracts

Specialized Therapeutic Clinic - Outpatient occupational and physical therapy services for infants to older adults, including physical, occupational, speech, and aquatic therapy with specialized resources designed to support improved mobility.

Adaptive Equipment Services

\$\$ General Fund / Pvt Pay Sliding Scale / Medicare / Contract

Adaptive Equipment Services- Custom-built and custom-modification of existing assistive equipment and devices to support independence and mobility within the community. Multidisciplinary team assesses, designs and builds/modifies equipment to meet each individual's unique needs.



- LSTC's non-residential services are available to anyone living in North Dakota (in individual or congregate settings, school settings, vocational sites).
- While the teams have specialized experience serving people with developmental disabilities, these services also fill needs for people with physical disabilities, as well as other medical or behavioral health needs.

LSTC Census Snapshot

Characteristics of people receiving Residential Services | December 2024

Current Census as of 12-31-24

46

32 Adults (age 22+)

14 Youth (age 13-21)

- Range of Intellectual Disability (ID) from Profound ID to Low average IQ
- Majority of residents with severe co-occurring behavioral health conditions

Admission Timeframe

33% - 15 ppl admitted in 2024

43% - 20 ppl between 2010 & 2023

24% - 11 ppl before 2010

6 people have lived at LSTC 20-28 years
2 people have lived at LSTC 50-59 years
3 people have lived at 65+ years

Key terms defined

Census

of people receiving Residential Services at the LSTC-operated specialized ICF in Grafton. Census data is a snapshot in time.

Individuals Served

of people entering and exiting services over a specific period of time.

Residential Capacity

of people that can be served at the LSTC-operated specialized ICF, based on a combination of physical space available and staff that are needed to meet the unique needs of each individual.

“What can we do to help a caregiver choose to stay with someone through a crisis event?”

“What can we do to help make return home after a crisis / triggering event more probable?
And more successful?”

“How can we support caregivers to feel better equipped to handle the situation they are experiencing?”

Census is more than a number

It's a key to understanding the complexities of services offered by the LSTC team

Data from July 2023- December 2024

55

July 2023



46

December 2024



LSTC's point in time census was at an historic low in Dec 2024

+22

Admissions

-31

Transitions Completed

-21

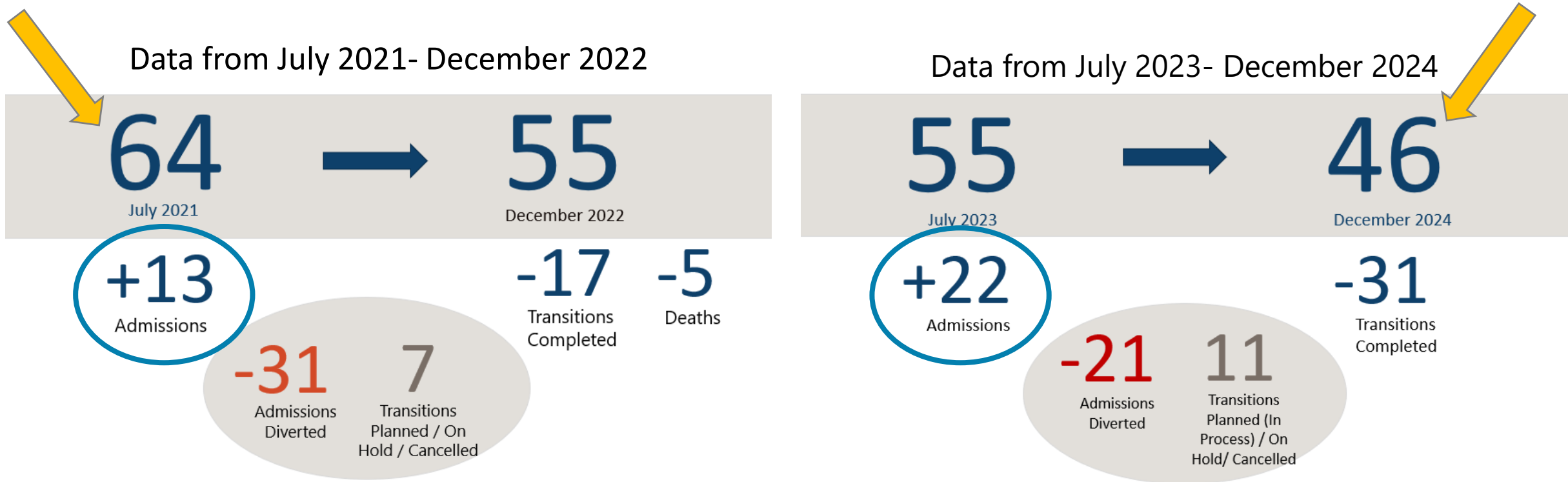
Admissions Diverted

11

Transitions Planned (In Process) / On Hold/ Cancelled

Since July 2021, LSTC's point in time Census has declined by 16% even as admissions have increased by 69%

18 month snapshot of individuals served | Jul '21-Dec '23 and Jul '23 – Dec '24



LSTC Adult Admission Data

Characteristics of ADULTS currently admitted

Current Adult Admissions

31 (age 22+)

Type of Decision Maker at Admission

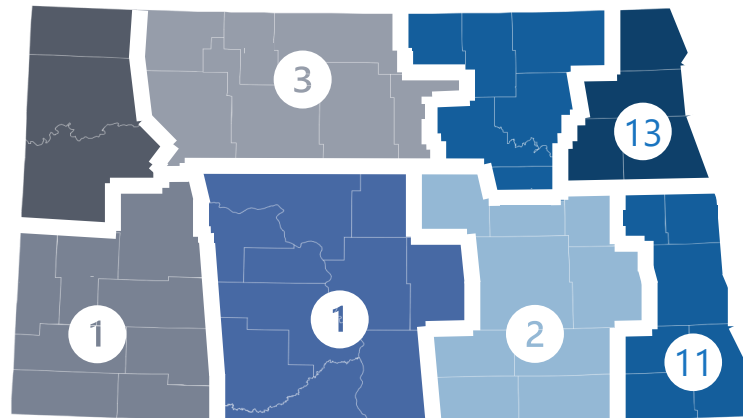
68% - Family

32% - Legally Appointed Guardian

Admissions from setting type

- 32% - ND State Hospital
- 23% - Res Hab
- 19% - Family Home
- 13% - ICF/IDD
- 3% - Adult Foster Care
- 3% - Child Foster Care
- 3% - Private Psychiatric Hospital
- 3% - Hotel

Admissions from home region



Reasons provided for admission

Harm to Others	77%
Elopement	26%
Harm to Self	23%
Mental Illness	13%
Property Destruction	10%
Medical	6%
Not Accepting Supports	6%
Unforeseen Circumstances <i>Loss of family caregiver, provider closed</i>	6%
Sexual Inappropriate Behavior	3%

Note: Some individuals have multiple reasons for admission; sum of percentages will exceed 100%

LSTC Youth Admission Data

Characteristics of YOUTH currently admitted

Current Youth Admissions

14 (age 14-21)

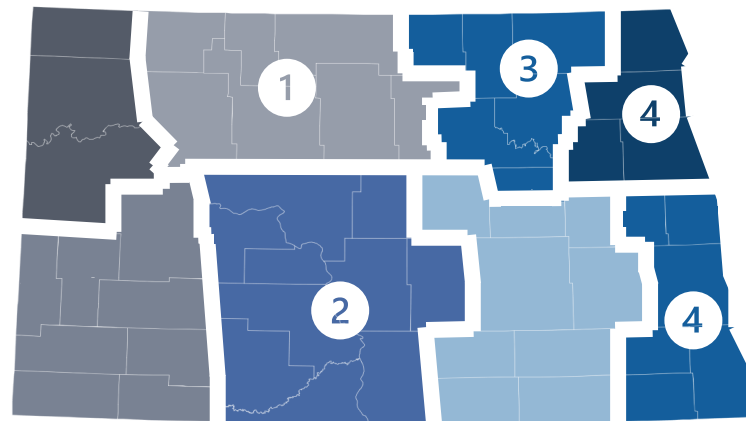
Admissions from setting type

- 36% - Family Home
- 14% - Res Hab
- 14% - ICF/IDD
- 14% - Juvenile Detention
- 14% - Psychiatric Hospital

Type of guardian at Admission

- 29% - Family
- 29% - Zone Custody
- 42% - Legally Appointed Guardian (18-21)

Admissions from home region



Reasons provided for admission by those referring the youth

Harm to Others	64%
Harm to Self	43%
Elopement	36%
Sexual Inappropriate Behavior	14%
Unforeseen Circumstances <i>Loss of family caregiver, provider closed, not I/DD</i>	21%

Note: Some individuals have multiple reasons for admission; sum of percentages will exceed 100%

LSTC Overall New Admission Data

Characteristics of people Adults & Youth Admitted July 2023- December 2024

New Admissions

22

14 Adults (age 22+)

8 Youth (age 14-21)

Admissions from setting type

- 23% - Res Hab
- 5% - ICF
- 27% - Family Home
- 14% - Psych Res Trtmt Fac (PRTF)
- 14% - State Hospital
- 5% - Medical Hospital
- 5% - Juvenile Detention
- 9% - Homeless

Admissions by type of guardian

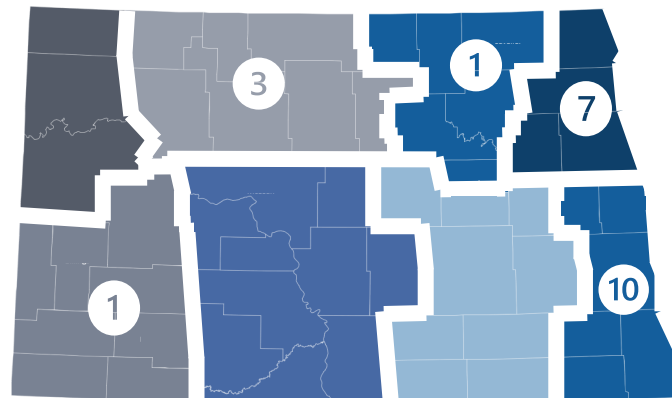
YOUTH

- 33% - private custody (family)
- 33% - public custody (HSZ)
- 33% - legally appointed guardian

ADULT

- 64% - corporate guardianship
- 36% - family guardians

Admissions from home region



Reasons provided for admission by those referring the person (people admitted to LSTC as of July 2023)

Harm to Others	59%
Harm to Self	18%
Elopement	18%
Sexual Inappropriate	9%
Other Health	5%
Unforeseen Circumstances	27%

Homelessness, Loss of family caregiver, Provider closed, Individual not accepting of supports offered

Note: Some individuals have multiple reasons for admission; sum of percentages will exceed 100%

Meet Laura



Total stay at LSTC: 8 months

Keys to success: Persistence; high tolerance for boundary-pushing behavior; commitment to “re-admit” after temporary crisis placements; focus on relationships; diligent pursuit of structured environment that meets her needs; totally customized approach to behavior planning; strong school partnership; opportunities to pursue interests

Laura is 16 years old

- Autism Spectrum Disorder, Disruptive Mood dysregulation, borderline intellectual functioning
- Medical condition prone to self harm, elopement
- Reactive attachment disorder, eating disorder
- Loves cats, hamsters, and singing.

Entered foster care at age 11. Found DD eligible at age 12.

16 discharges in the last 5 years (*2 PRTF, 4 psychiatric hospital, 3 ER, 3 foster homes, 2 kin/family, 1 ICF, 1 QRTP*)

Team consensus that continued loss of stable place to live is causing Laura further harm

Admission focused on behavior support plan, medication assessment/adjustment, relationships and education/community engagement

What’s next for Laura?

What does a stable situation look like for her?

Youth Served at LSTC

New Admissions July 2023- December 2024

Reason for Youth Admission

- 6 – Danger to Self or Others
- 2 – Unforeseen circumstances

Type of Custody Arrangement upon Admission to LSTC

- 4 – Family
- 2 – Human Service Zone
- 2 – Legally appointed custodian (age 18-21)

Type of Residential Setting being admitted from

- 4 – Family home
- 2 – Psychiatric Hospital
- 1 – Residential Habilitation
- 1 – Juvenile Detention Center



Average Age of Youth at Admission
15.9 years old

Average Length of Stay
264 days (8.8 mo)

Meet Mason



Total stay at LSTC: 20 days

Keys to success: Joint team training; time to modify new environment; structured approach to medication changes and therapies; opportunity to build relationships in safe, structured environment

Mason is 36 years old.

- Intermittent Explosive Behavior
- Oppositional Defiant Disorder
- Moderate Intellectual Disability
- Obsessive-Compulsive Disorder

Living in Apt w/Res Hab services

Experienced unexcepted medical emergency

Short-term admission while long-term supports were established w/new provider

Admission focused on physical recovery and adjusting to programming

Transition support included

- Pre-discharge visits
- On-site support
- CSC and ABA support

Meet Sam



Total stay at LSTC: Periodic over 15-year period
Keys to success: LSTC as consistent “reset” resource for Sam between old and new provider; re-assess current needs and update behavior support plan; integrated medical and medication re-evaluation

Sam is 55 years old

- Bipolar Disorder
- Mild Intellectual Disability
- Various medical diagnoses

History of challenging symptoms

- Physical and verbal aggression
- Property Destruction
- stealing other people’s undergarments
- Inappropriate sexual touch (staff)

Increasing refusal to allow staff to serve; health was declining due to refusal to eat, bathe, etc.

History of multiple short-term admissions to LSTC

Outreach services involved since 2013

725+ hours of support in the past 4 years

Successfully living in new community

Residential Services

Short-term Crisis Stabilization Admission Services

- Provide critical support during times of crisis when individuals with intellectual and developmental disabilities (I/DD) face temporary gaps in care.
- Crisis admissions may occur due to:
 - Sudden worsening of behavioral or physical health needs
 - Loss of a caregiver or home
 - Homelessness, or
 - A short interruption in services
- LSTC crisis admissions offer immediate, temporary care to keep the person safe while the person's care team works to establish long-term supports in the community, ensuring a smooth transition and stability for the individual.

Crisis Admissions July 2023-Dec 2024

9

8 discharged
1 active admission

67% - 1-30 days (6)
11% - 30-90 days (1)
11% - 90-150 days (1)
11% - > 150 days (1)

100% - Adults
0% - Youth

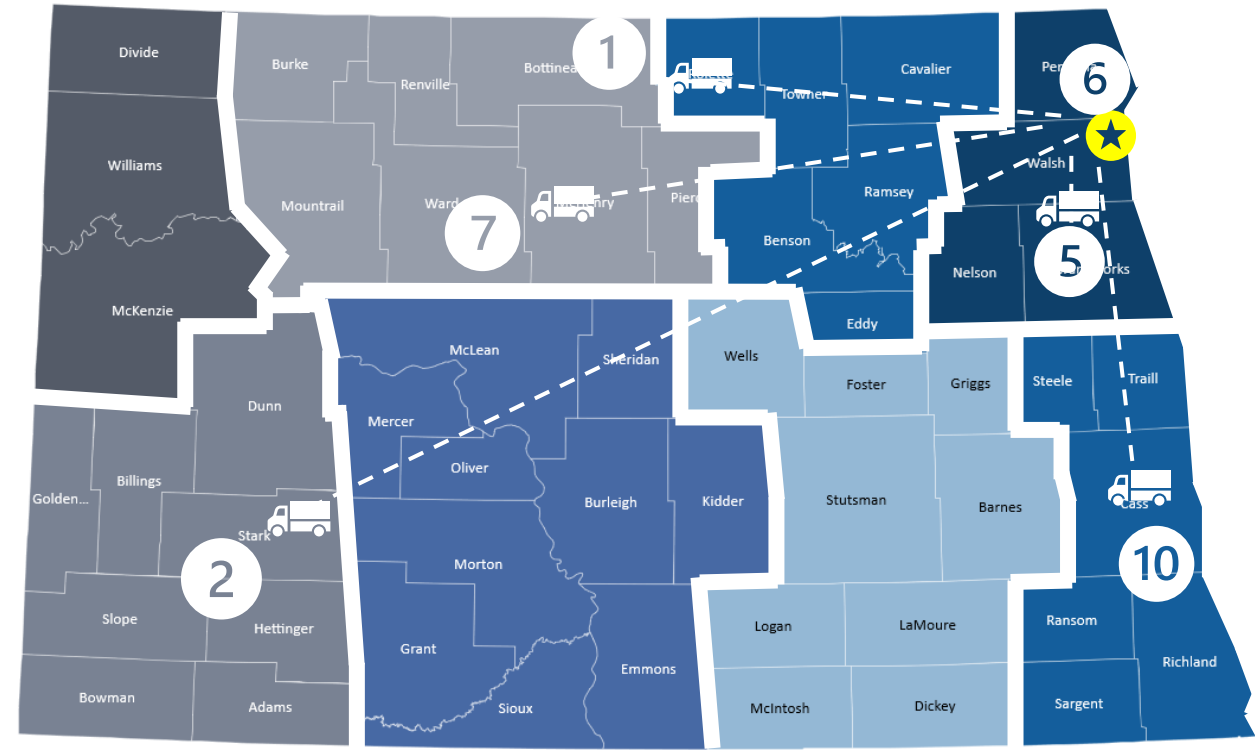
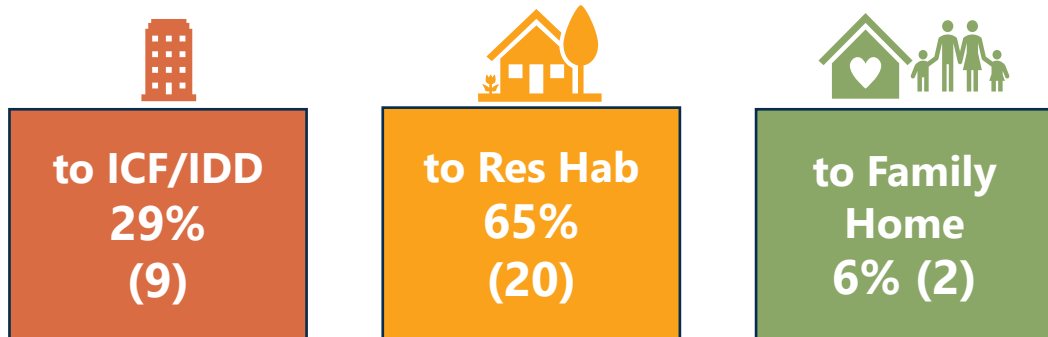
Services are Medicaid billable

Non-residential Services

Transition Services to support a person's move to another setting (July 23- December 24)

Transition services actively support successful transition from LSTC to another setting by development and implementing comprehensive transition plans. LSTC staff:

- Facilitate meetings between new provider(s) and individual served pre-transition
- Offer training to new provider staff pre- and post-transition (to the extent the new provider is interested), focusing on details of each person's behavior support plan
- Provide direct staffing support in the new environment post-transition (timeframe dependent on circumstances)
- Follow up post-transition 2 weeks, 1 month, 3 months, at times up to 6 months to help problem solve as needed



Average Days of Support	Average Hours of Support	Days of Support Range	Hours of Support range
9.6	115	1 to 32	1 to 46,935

Once a person is discharged from LSTC, transition support services costs are paid with General Fund (i.e., not Medicaid-billable).

Residential Services

Focusing on a mission of crisis and stabilization is resulting in shorter duration of residential stays



5.5%

Re-admission rate

*People discharged 2023-2024

66%

Diversion rate

*14 of 21 30-day notices referred to LSTC did NOT result in LSTC admission



Average Length of Stay at LSTC

2023: **8.1 years**

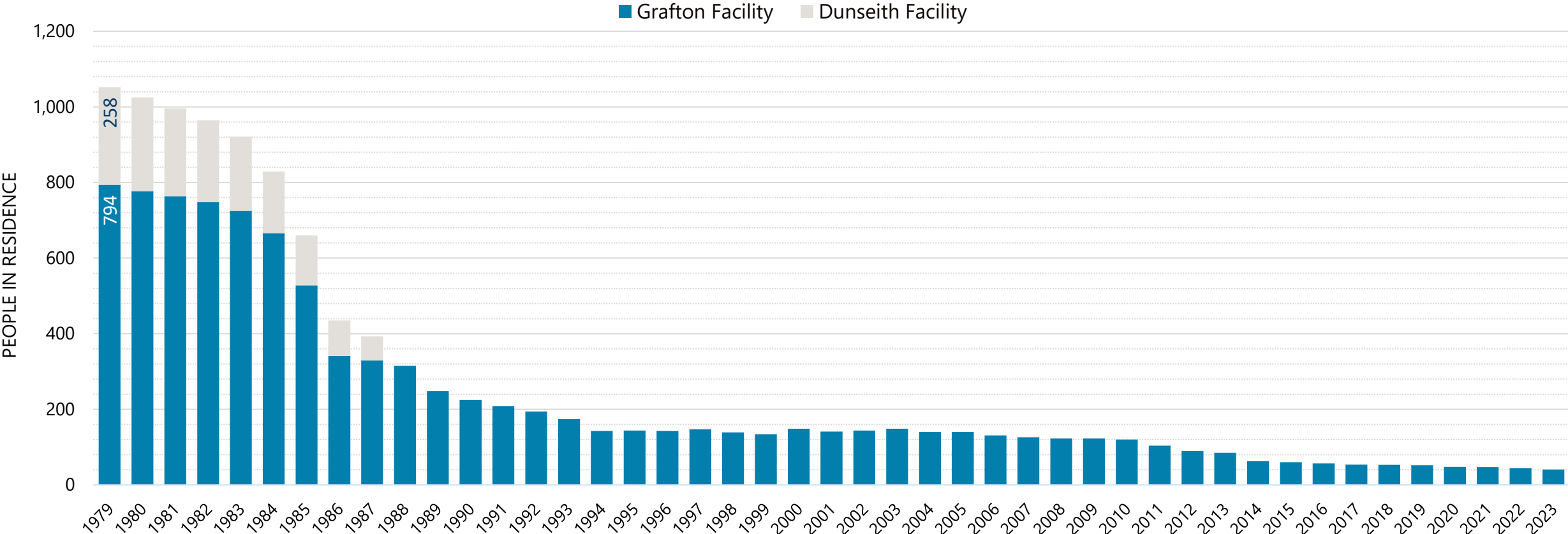
2024: **2.4 years**



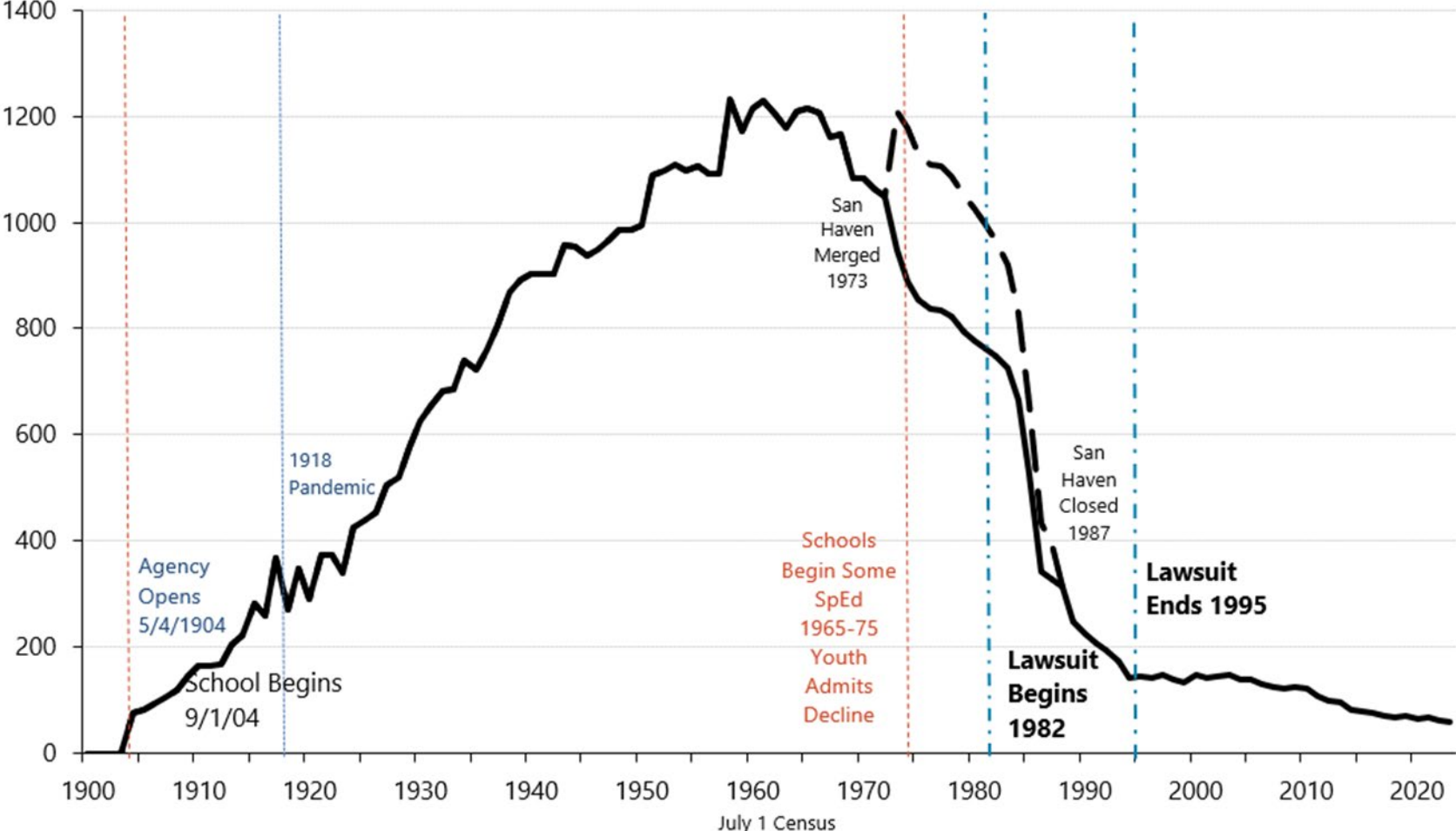
The average length of stay is decreasing due to an increase in shorter-term crisis admissions, as well as a growing number of long-term stays transitioning to community settings.

LSTC's role in ND has changed significantly in the last 45 years

1979 - 2023 Census | Grafton & Dunseith

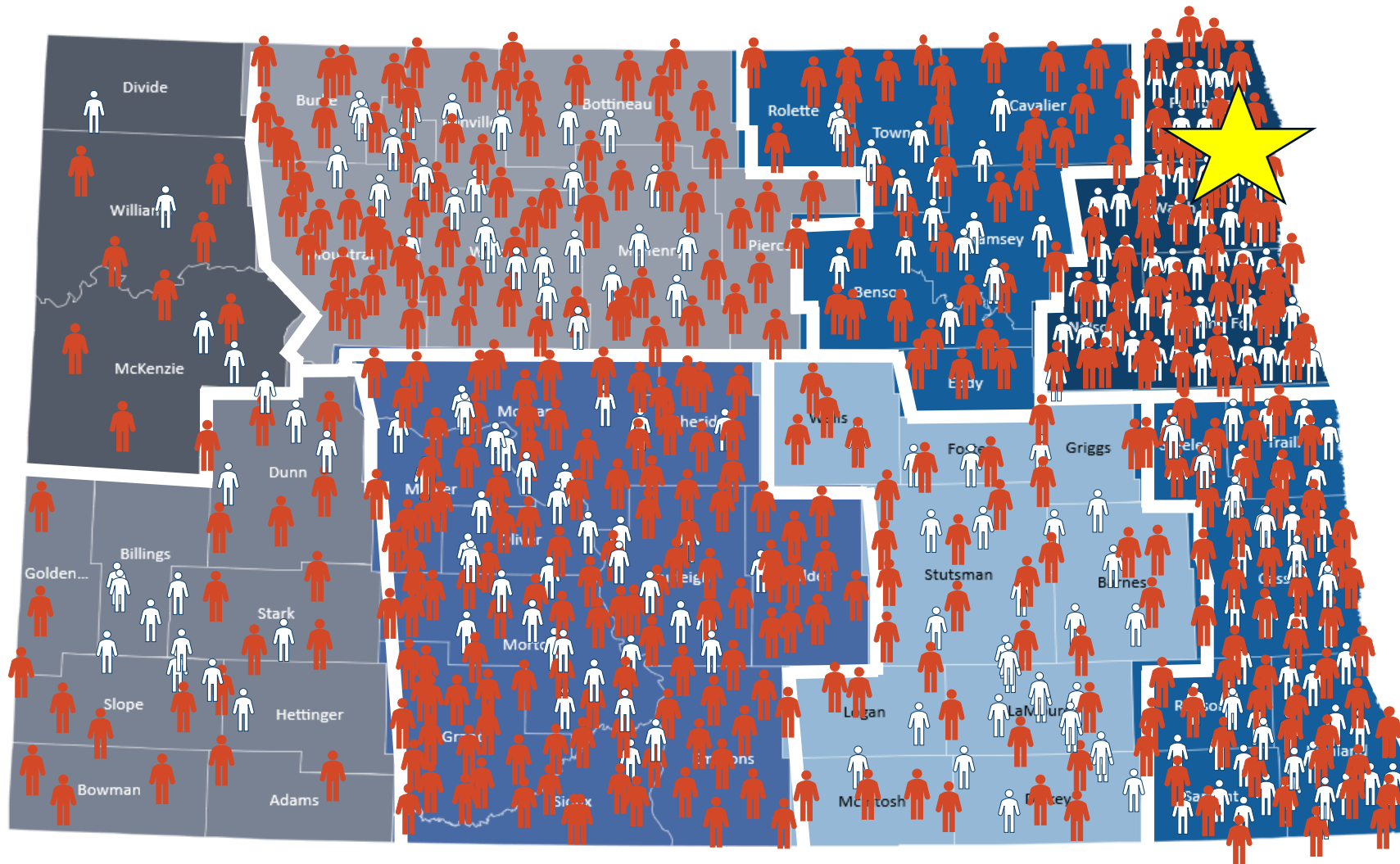


LSTC reached its peak census in 1958, when 1,231 children and adults lived in the state's residential institution



Statewide outreach is a hallmark of LSTCs work today

LSTC is no longer strictly a campus-based residential facility located in Grafton.



Impact this biennium
July 2023 – Dec 2024

346

Customized Adaptive Equipment

(assessment, fitting, design, development, delivery)



225

Stabilization Supports

(transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)



Meet Shane

Shane is 18 years old.

- Autism spectrum disorder
- Disruptive mood dysregulation disorder and
- Obsessive-compulsive disorder
- Mild intellectual disability

His needs exceeded his family's ability to safely support him.

Moved into an ICF for residential services at 13
Residential services were at risk of being terminated due to escalating behaviors.

LSTS crisis support team (CSC) joined Shane's care team in 2021

- LSTC staff consulted with DD provider
- Recommendations were implemented and were successful

Shane is successfully living in his home (DD ICF)

Total stay at LSTC: 0 days

Keys to success: On-site observation and consultation; focused behavior intervention plan dev and training; implementation of consistent and highly structured routine



Non-Residential Services

Statewide Crisis and Stabilization Services (CSC)

- Provide response to people with intellectual/developmental disabilities who are experiencing a de-stabilizing crisis while in their home setting.
- CSC's work with families, providers and community partners to provide individualized and responsive services to help people live successfully in their communities.
 - Program & Behavior Plan Consultation
 - Staff Training and personal coaching
 - Specialized resources for complex healthcare needs, significant behavioral issues, and inappropriate sexual behaviors
- Services paid for with General Fund (i.e., not Medicaid-billable).



People can access CSC services via their DDPM or statewide resource (988 or 211)

Non-Residential Services

Statewide Applied Behavior Analysts (ABA)

- Provide professional behavior analysis services to the private providers and families of both adults and children throughout the state.
- Behavior Analysts use evidence-based learning technologies to design teaching methods, helping care teams with:
 - Behavior intervention planning
 - Staff training plans
 - Delivery of staff training and coaching, and
 - Ongoing performance analysis and problem solving
- LSTC has 10 ABAs located statewide.
- Services paid for with General/Federal Fund (i.e., Medicaid-billable).



LSTC Staffing Patterns and Highlights

Position Numbers Assigned/Funding Exists	Positions Filled	Vacancies	# of temporary staff
276.44	225.48*	50.86*	71*

Average Age	49.3
Avg Years of Service	12.4
Retirement Risk	12.5%
Turnover 2021	19.8%
Turnover 2022	13.1%
Turnover 2023	18.8%
Turnover 2024	16.6%

*based on 12/1/2024 data

LSTC staff by function

- 59.5 % - Direct care and programming
- 19.0 % - Medical health services
- 8.8 % - Stabilization & Comm Supports
- 12.7 % - Facility & Oper Supports

LSTC staffing goal is to rely on:

- Mandatory OT no more than 80 hours/month
- Flex(temp) staff to cover time off for FTE employees instead of as a way to cover vacancies
- Contract staff for 0% of shifts

The **overall LSTC vacancy rate** is **18.4%** (50.86 of 276.44 FTE).

2 LSTC job types experience higher than average vacancy rates:

- **Direct Support Professionals (DSPs) - 21.4% of 108.5 total FTE.** Impact: DSP work is covered by temps, contractors, and overtime.
- **Cooks/Food Service Assistants – 37.1% of 17.5 total FTE.** Impact: Cafeteria tray line is unable to be open at times due to limited staffing

LSTC staffing continues to evolve to meet changing service demands

LSTC staff counts include both residential (ICF) and non-residential (community-based / crisis) services

From 2018 to 2024

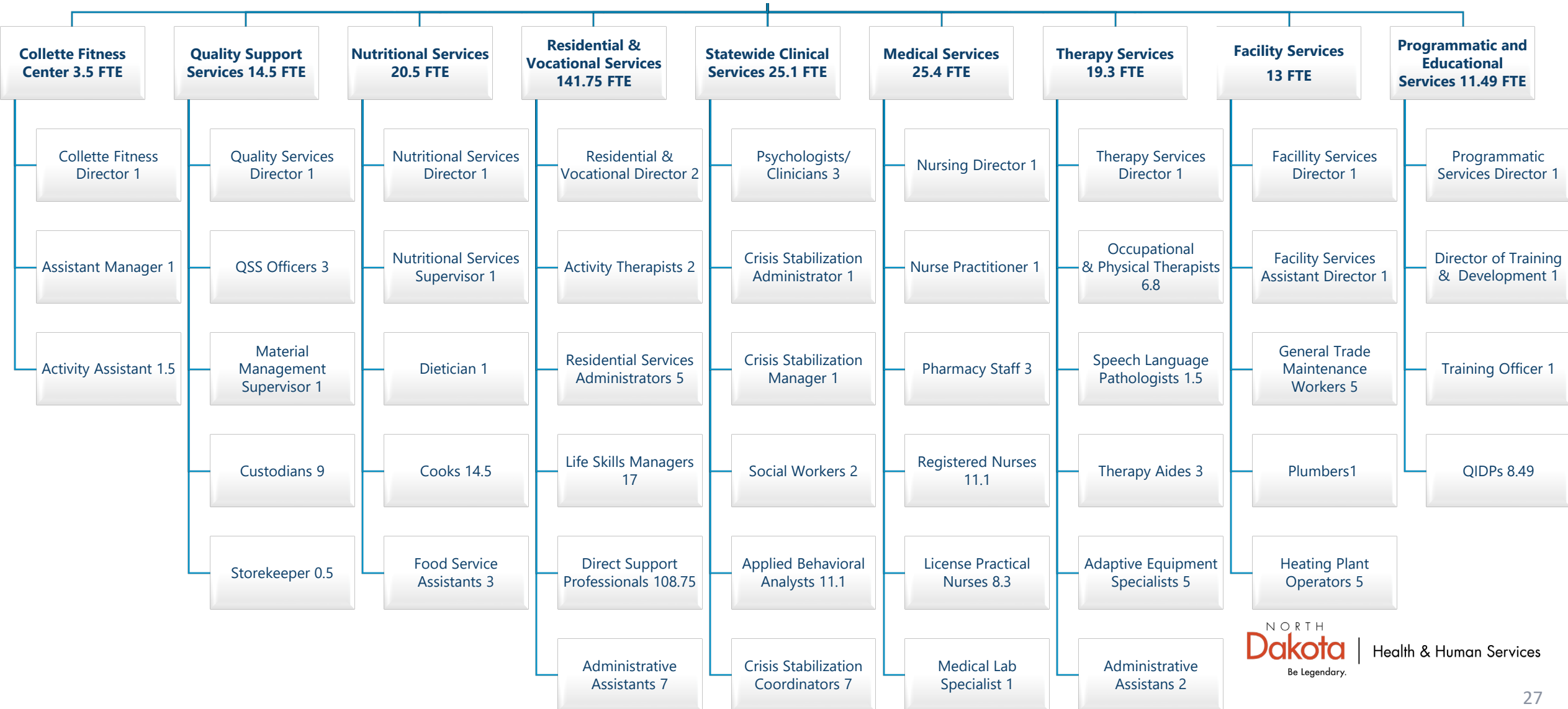
- Point-in-time Census
 - Adult - declined by 40%
 - Youth - declined by 7%
 - Total - declined by 32%
- Total people served increased by 110%
- Total staff
 - Authorized FTE -declined by 18%
 - Filled staff roles - declined by 26%

LSTC Point in Time Census & Staffing Information Snapshot as of State Fiscal Year End (June 30)						
	Residential Services			Non-Residential Services		
	Adult	Youth	Total Census	# Total people served statewide	FTE	Vacancies
2018	53	15	68	402	338.9	54.3
2019	52	20	72	516	338.7	57.0
2020	46	19	65	605	312.5	45.2
2021	45	19	64	472	322.5	64.5
2022	40	18	58	587	322.5	86.9
2023	39	16	55	720	280.6	47.9
2024	32	14	46	843	276.4	50.9

In 2024 total staff vacancy rate is approximately 16% of the total number of authorized positions.

Superintendent of LSTC

Heather Jenkins

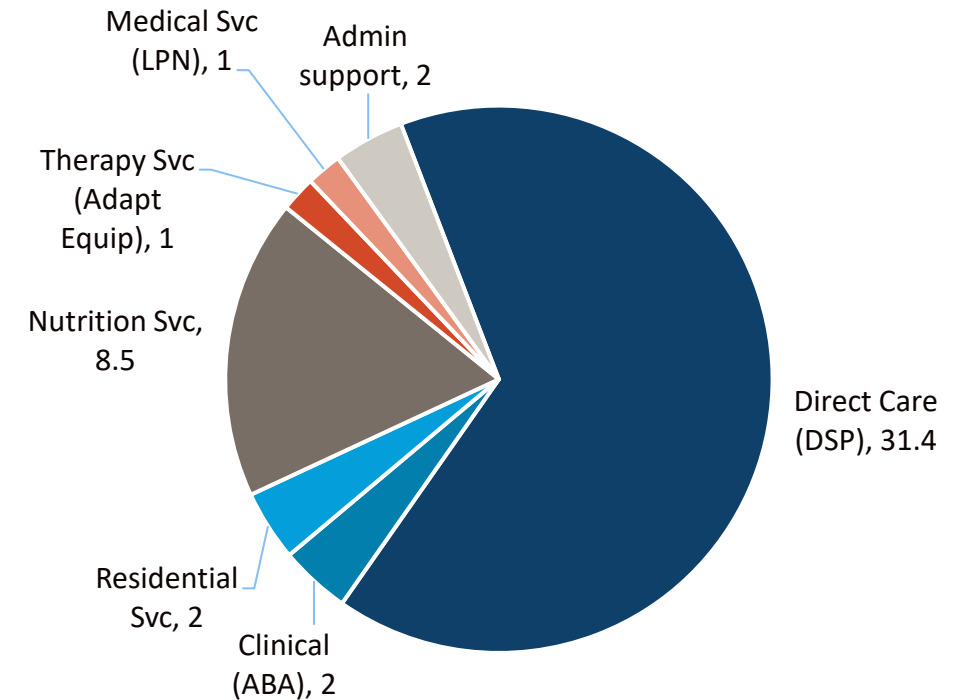


Vacancy report represents ongoing challenges of achieving full staffing level at LSTC

Current status of 50.86 FTEs reported as vacant in Dec 2024

- 10.0 - Position is filled; new team member had not started as of 12/1/24 *(Phase 5)*
- 1.0 – Position has been offered, and offer is pending *(Phase 4)*
- 5.0 – Position posting closed; applications being reviewed and interviews scheduled *(Phase 3)*
- 19.0 – Position posted; actively recruiting and has not yet closed *(Phase 2)*
- 11.8 – Part of current budget, position number established, job description completed and in process of being classified then posted *(Phase 1)*
- 4.06 - Not budgeted for in 23-25 or can be deleted

LSTC vacant positions as of Dec 2024 by type of role



LSTC continues to experience staffing challenges, to meet the needs of people served

276.44

FTE

of full-time equivalent positions assigned to LSTC

81.6%

Filled

225.48

18.4%

Vacant

50.86

24

Current Contracted Employees

56.4%

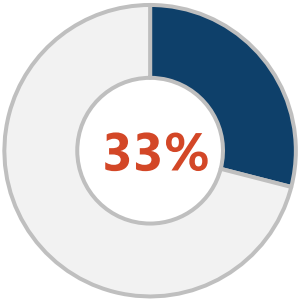
Extended Contract

3,060

8-hour DSP shifts to fill each month

To fulfill the care needs of the current census at LSTC

October 2024



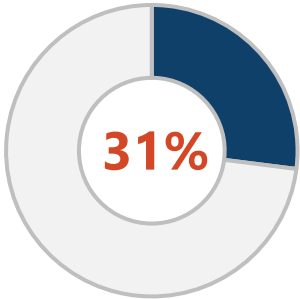
Shifts unfilled

After all employees scheduled

1,009 hours

Mandatory Overtime

November 2024



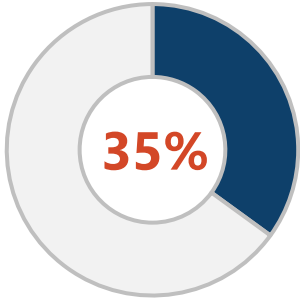
Shifts unfilled

After all employees scheduled

968 hours

Mandatory Overtime

December 2024



Shifts unfilled

After all employees scheduled

1,084 hours

Mandatory Overtime

LSTC Staffing Strategies

Recruitment & Hiring

- Targeted outreach and partnerships with colleges, vocational schools, and community organizations (Career fairs, school visits, etc.)
- Continue to work on competitive compensation and equity adjustments.
- Recruitment bonuses for hard to fill positions
- Streamlined hiring process to reduce time-to-fill critical positions
- Sourcing Data collected during application process
- Employee Referral program
- Increased Social Media presence
- Updated webpage
- Utilizing Staffing contracts to fill staffing needs
- Required Mandatory Overtime continues to decrease

Employee Retention & Engagement

- Professional development and career advancement opportunities
- Employee recognition programs and appreciation events through Employee Morale Committee
- Work-life- Home-life balance initiatives

Training & Development

- Comprehensive onboarding
- Leadership development for succession planning

Workforce Optimization

- Cross-training employees for increased flexibility
- Data-driven staffing analysis to ensure adequate coverage

Employee Well-Being & Support

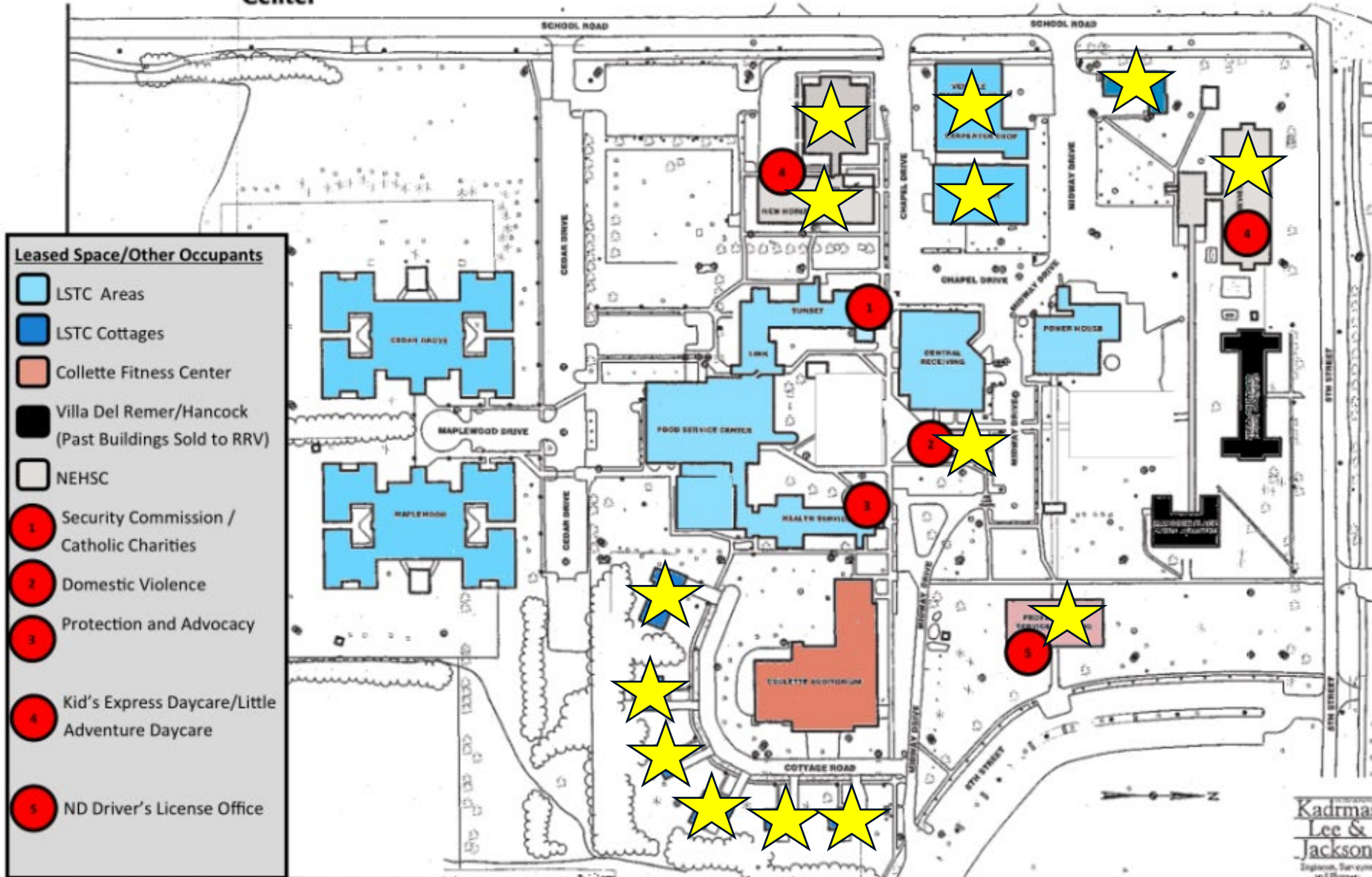
- Mental health resources and wellness programs
- Strong workplace culture emphasizing teamwork and support

Life Skills & Transition Center

Our Space

- Established in 1909
- 23 separate buildings on ~40 acres
 - Buildings still in use range in age from 1909 to 1984
 - 407,838 square feet of buildings on LSTC campus
 - Includes *Dakota East Gift Shop*, *Collette Fitness Center* and *Trophy Store* (open to community)
- 11 other agencies co-located on campus
 - NDDOT Driver's License satellite
 - Securities Commission satellite
 - NEHSC satellite
 - Catholic Charities of ND and Protection & Advocacy Office space
 - Domestic Violence
 - 2 Child Care Daycares
 - Upper Valley Special Education Classroom
 - 2 Community Providers

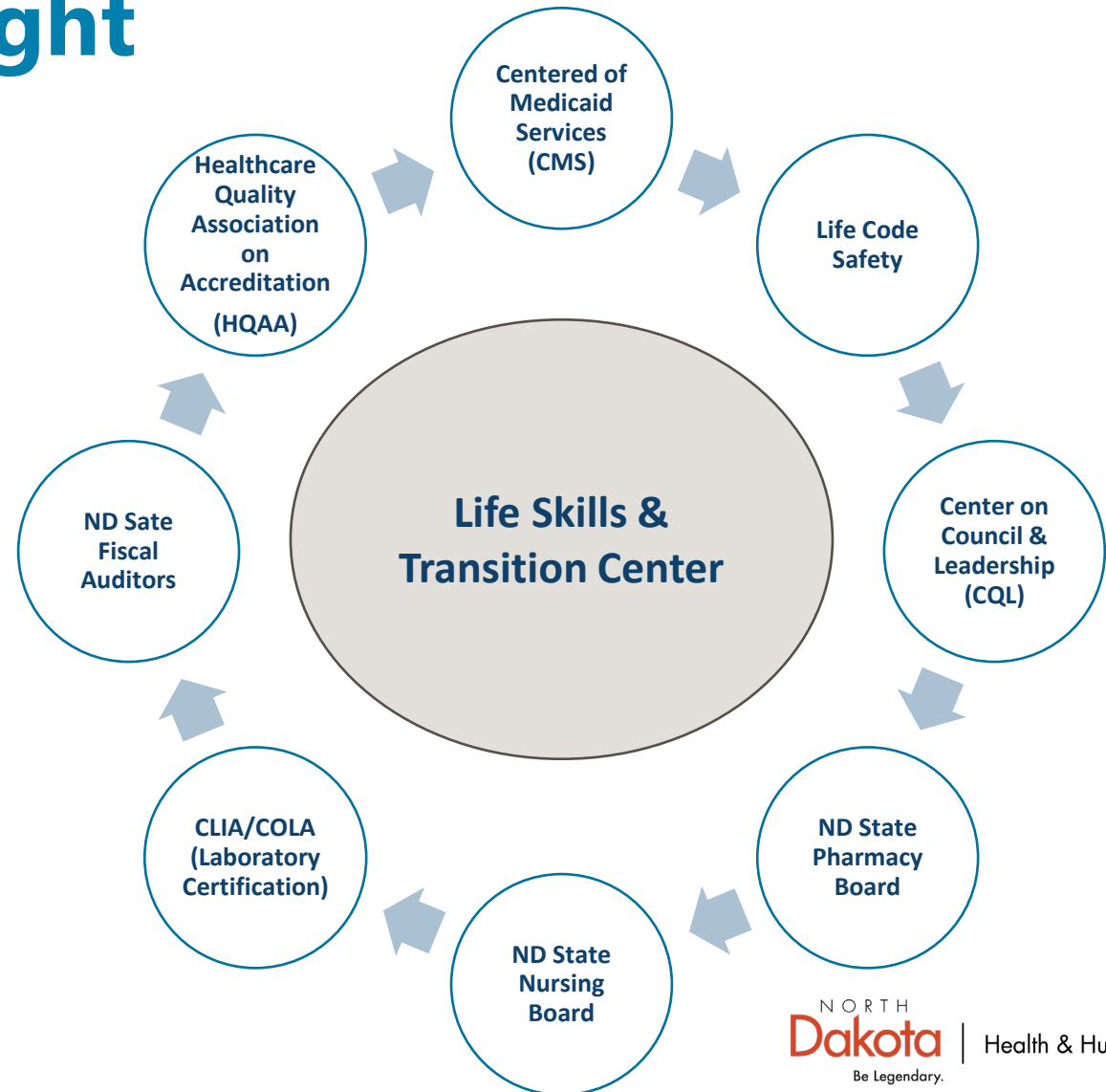




Buildings minimally used by LSTC, if used at all

LSTC operations are subject to several level of federal and state oversight

- Accreditation by Council on Quality & Leadership
- Center of Medicaid services (Title XIX)
- Life Code Safety
- ND State Pharmacy Board
- ND State Nursing Board
- HQAA- The Healthcare Quality Association on Accreditation (DME)
- CLIA/COLA- Laboratory Certification
- ND State Fiscal and Operational Audits



Included in Executive Budget Request

LSTC Cedar Grove Roof Replacement

- The campus that is today known as the Life Skills Transition Center, was established in 1909 and today includes 23 separate buildings on approximately 40 acres. LSTC buildings that are still in use range in age from 1909 to 1984.
- Cedar Grove is an intermediate care facility (ICF), which is one of the two residential buildings at LSTC; it is a setting that provides residential services to 28 individuals.
- The roof has been repeatedly patched, but these temporary fixes can no longer maintain the building's integrity. Without full replacement, the roof will continue to deteriorate, causing leaks and further damage, ultimately making the building unsafe for occupants and staff. The recent remodel was a significant investment, and securing funding to replace the roof is essential to protect that investment, ensure the building remains functional, and prevent escalating repair costs.

Total	General	Federal	Other
\$712,480	\$0	\$0	\$712,480

This is a one-time funding request. (SIIF)



Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	\$53,846,296	\$3,952,918	\$57,799,214	\$(2,259,000)	\$55,540,214
Operating	9,379,198	3,679,504	13,058,702	(190,000)	12,868,702
IT Services	196,892	281,926	478,818	-	478,818
Capital Asset Expense	682,979	729,295	1,412,274	-	1,412,274
Capital Assets	163,152	94,711	257,863	-	257,863
Total	\$64,268,517	\$8,738,354	\$73,006,871	\$(2,449,000)	\$70,557,871
General Fund	\$27,286,911	\$5,112,650	\$32,399,562	\$(2,449,078)	\$29,950,484
Federal Funds	34,045,429	2,524,939	36,570,368	(255)	36,570,113
Other Funds	2,936,177	1,100,765	4,036,941	333	4,037,274
Total Funds	\$64,268,517	\$8,738,354	\$73,006,871	\$(2,449,000)	\$70,557,871

LSTC Budget as % of HHS Budget

- 1.2%

Budget by Funding Source

- 42.4% General
- 51.8% Federal
- 5.7% Other

Budget by Pass Through

- 0.0% Paid to private providers
- 95.6% Direct Service
- 3.3% Admin
- 0.7% IT
- 0.4% Capital Projects

Staffing is the driver for LSTC budget at 79% of overall cost

2023-25

- Under-spent salaries and benefits by 14%
- Overtime spending \$5.2M higher than budgeted
- Higher utilization of temporary staff (second positions, retirees)
- Budget did not include dollars for contract staff

2025-27

- Budget assumes similar service delivery patterns (utilization, need, locations) and similar staff vacancy rates to 23-25 actuals.
- Includes Exec Budget Req for 3%/3%.
- Increased budget by \$5.2M to account for anticipated overtime and decrease in regular salaries/benefits
- Increased budget by \$2.8M to account for continued contract staffing support

	23-25 Legislative Base	Projection through 6-30-25	Diff (budgeted to actual) (Over)/Under	25-27 Exec Budget Request
Salaries - Reg & other	\$33,387,402	\$28,548,662	\$4,838,729	\$31,071,896
Salaries – OT	\$698,876	\$6,110,277	\$(5,420,401)	\$6,058,980
Salaries – Temp	\$1,430,701	\$2,238,727	\$(808,026)	\$1,427,042
Benefits	\$18,328,327	\$15,971,829	\$2,366,498	\$19,241,295
TOTAL	\$53,846,296	\$52,869,495	\$976,801	\$57,799,213
Contract staffing for direct care/support	\$0	\$3,394,984	\$(3,394,984)	\$2,861,736
TOTAL STAFFING	\$53,846,296	\$56,274,469	\$(2,418,183)	\$60,660,949

+4.6% over
23-25
budget

+12.7%
over 23-25
budget

+7.8% over
23-25 6-30
projection

Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ADMINISTRATION	\$ 1,468,538	\$ -	\$ 1,196,984	\$ 2,266,192	\$ 2,705,240	\$ (213,000)	\$ 2,492,240	\$ 1,083,918	\$ 1,282,553	\$ 125,912
EXECUTIVE COMPENSATION PACKAGE 3/3	-	-	-	-	3,252,179	-	3,252,179	1,414,698	1,673,571	163,910
CLINICAL SVC (dental, pharm, lab, psych, disp)	8,793,635	-	5,691,622	7,564,162	6,976,364	\$ (183,000)	6,793,364	2,376,498	4,022,937	393,928
THERAPY SVC (PT, OT, speech)	3,051,211	-	2,486,124	3,258,735	3,395,686	\$ (135,000)	3,260,686	1,414,112	1,681,883	164,691
ADAPTIVE EQUIPMENT CENTER	679,536	-	863,580	1,246,670	1,340,999	\$ (48,000)	1,292,999	563,764	664,197	65,038
RESID SUPPORT SVC (laundry, dietary, custodial)	5,202,451	-	3,356,109	4,557,328	4,944,304	\$ (162,000)	4,782,304	2,093,592	2,448,914	239,799
PLANT OPERATIONS (capital imp, facility costs)	6,328,439	-	4,434,155	6,287,219	7,326,808	\$ (114,000)	7,212,808	3,358,203	2,861,887	992,717
RESIDENTIAL DAY SVC (Dakota East)	6,685,319	-	3,294,198	4,454,386	5,449,042	\$ (213,000)	5,236,042	2,272,853	2,698,911	264,279
DIRECT CARE STAFFING	25,559,019	-	24,961,254	32,936,415	32,269,116	\$ (1,177,000)	31,092,116	13,137,626	16,586,825	1,367,664
COLLETTE FITNESS CENTER	545,021	-	441,671	607,751	676,556	\$ (24,000)	652,556	284,645	335,098	32,813
STATEWIDE CRISIS TEAMS (CARES)	3,988,369	-	3,317,006	4,386,879	4,670,577	\$ (180,000)	4,490,577	1,950,717	2,313,337	226,523
INDIVIDULIZED SUPPORTED LIVING (ISLA)	1,966,980	-	437,032	437,223	-	\$ -	-	-	-	-
TOTAL	\$ 64,268,517	\$ -	\$ 50,479,734	\$ 68,002,959	\$ 73,006,871	\$ (2,449,000)	\$ 70,557,871	\$ 29,950,627	\$ 36,570,113	\$ 4,037,274

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Life Skills & Transition Center One-Time	Cedar Grove Roof	-	\$712,480 SIIF	-	\$712,480 SIIF
Salary Reduction	FTE Block Grant Reduction	-	- \$	(2,259,000.00)	-
Operating Reduction	Operating Reduction	-	- \$	(190,000.00)	-

LSTC-related Policy Bills with Budget Impact

		Federal	General
SB 2112	Amend NDCC to allow non-DD eligible individuals to be served by LSTC with approval of Commissioner		\$87,969



On the horizon for LSTC

- Review and adjust services to better meet the needs of ND citizens with ID/DD, filling gaps by **working with system partners** to create strong non-institutional living options that promote autonomy, choice, self-direction, and community integration.
- Continue to build LSTC's **capacity to focus more on stabilization and diversion.**
- Continue to work on **billing for services delivered** wherever possible to increase service and reduce reliance on general fund (Crisis/Stabilization Supports, Transition Supports, Adaptive Equipment Services, etc.)
- Working towards **dual accreditation** with Council on Quality and Leadership (CQL) and National Association on Dual Diagnosis (NADD) to address the changing populations needs.
- Continue to explore avenues to consolidate and **modernize the LSTC footprint**, including how to make use of under-utilized buildings and space on LSTC campus.

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