

# NORTH DAKOTA LEGISLATIVE COUNCIL

## Minutes of the

### LONG-TERM CARE COMMITTEE

Wednesday, November 7, 2007  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Senator Dick Dever, Chairman, called the meeting to order at 9:00 a.m.

**Members present:** Senators Dick Dever, Joan Heckaman, Judy Lee; Representatives Larry Bellew, Karen Karls, Gary Kreidt, Ralph Metcalf, Jon Nelson, Vonnie Pietsch, Clara Sue Price, Gary Uglen, Benjamin A. Vig

**Members absent:** Senators Aaron Krauter, Tim Mathern; Representatives Louise Potter, Alon Wieland

**Others present:** Merle Boucher, State Representative, Rolette

See attached [appendix](#) for additional persons present.

**It was moved by Representative Nelson, seconded by Representative Pietsch, and carried on a voice vote that the minutes of the previous meeting be approved as distributed.**

#### LONG-TERM CARE STUDY

Ms. Maggie Anderson, Director, Medical Services Division, Department of Human Services, presented the following information on actual long-term care services utilization and spending for the 2005-07 biennium and projected utilization and spending for the 2007-09 biennium:

2005-07 Biennium	Actual Expenditures			Actual Utilization
	Total	General	Other	Units/Beds
Nursing homes	\$322,520,167	\$110,618,033	\$211,902,134	3,684
Basic care	12,057,997	4,833,310	7,224,687	452
Home and community-based services	29,986,904	15,837,627	14,149,277	
Developmental disabilities community-based care	214,341,903	73,024,306	141,317,597	
<b>Total</b>	<b>\$578,906,971</b>	<b>\$204,313,276</b>	<b>\$374,593,695</b>	
2007-09 Biennium	Appropriation			Estimated
	Total	General	Other	Units
Nursing homes	\$371,475,215	\$133,318,915	\$238,156,300	3,494
Basic care	14,083,121	6,097,305	7,985,816	458
Home and community-based services*	39,798,605	21,954,683	17,843,922	
Developmental disabilities community-based care	274,423,470	95,952,600	178,470,870	
<b>Total</b>	<b>\$699,780,411</b>	<b>\$257,323,503</b>	<b>\$442,456,908</b>	

\*Includes appropriation for medical waiver for medically fragile children (Senate Bill No. 2326)

In response to a question from Representative Kreidt, Ms. Anderson said 3,407 nursing home beds were occupied by Medicaid recipients in September 2007.

Senator Dever asked for the change in funding requirements from the 2005-07 biennium to the 2007-09 biennium resulting from federal medical assistance percentage changes for long-term care services. Ms. Anderson said she would provide that information to the committee.

Ms. Anderson provided information on all residents in North Dakota nursing facilities. Ms. Anderson said for the period April through June 2007, there were 6,358 nursing facility residents ranging in age from 20 to 107. Of the total, she said, 2,358 were between the ages of 80 and 90 and 1,656 were between the ages of 90 and 100.

Ms. Anderson provided information on age data for individuals receiving home and community-based

services under state-sponsored programs. She said the programs include the home and community-based Medicaid waiver, service payments for elderly and disabled (SPED), expanded SPED, and personal care services. Ms. Anderson said a total of 2,916 individuals are receiving services under these programs. Ms. Anderson said of the total, 823 are 85 years of age and older and 715 are between the ages of 75 and 84.

Ms. Anderson presented a 2006 comparison report showing the number of nursing facility beds per 1,000 elderly in each state. Ms. Anderson said North Dakota reported a total of 6,514 beds or 68.9 beds per 1,000 elderly in the state. She said the state with the fewest number of beds per 1,000 elderly is Alaska with 20.3 beds per 1,000 elderly and the state with the most is Iowa with 90.8 beds per 1,000 elderly. Ms. Anderson said the national average is 49.3 beds per 1,000 elderly.

Ms. Anderson provided a schedule showing the number of nursing facility and basic care beds per 1,000 elderly by region in the state. She said the number of nursing facility beds per 1,000 elderly range from 59.06 in Region 2--Minot--to 76.66 per 1,000 elderly in Region 6--Jamestown. For basic care beds, Ms. Anderson said the number ranges from 13.36 beds per 1,000 elderly in Region 8--Dickinson--to 28.48 per 1,000 elderly in Region 1--Williston.

Ms. Anderson reviewed the North Dakota case mix payment system. She said the system has 34 case mix classifications which are based on the resident assessment instrument required in all nursing facilities. She said the rates are facility-specific based on historical costs of the facility. She said residents in high classifications pay more than residents in low classifications at the same facility.

Ms. Anderson said a resident is reviewed within 14 days of admission or reentry from a hospital stay and then every three months. She said a resident's classification can change only at the scheduled three-month interval or if hospitalization occurs.

Senator Lee asked whether private pay resident classification evaluations may be done more frequently than those individuals on Medicaid. Ms. Anderson said options could be considered to allow more frequent reviews for private pay residents; however, this may result in additional staffing needs at the nursing facilities.

Ms. Anderson reviewed the allowable hospital leave days for Medicaid nursing facility residents. She said the department's policy is that Medicaid pays for up to 15 leave days for each hospital admission. For the period April 2006 through March 2007, she said, nursing facility residents under the Medicaid program had 3,054 hospital stays totaling 12,706 days, resulting in \$1.5 million of bed-hold charges paid by Medicaid.

Ms. Anderson reviewed federal rules and regulations relating to intergovernmental transfer programs. Ms. Anderson said the federal Centers for Medicare and Medicaid Services (CMS) allow intergovernmental transfer payments only for legitimate transfers from government-operated providers. Intergovernmental transfer programs designed to "recycle" federal funds from one government program to another is no longer allowed. A copy of the report is on file in the Legislative Council office.

Representative Karls asked whether other states that have a high number of nursing home beds per 1,000 elderly also have nursing home bed moratoriums in place and how these states address bed shortages that occur within their states. Ms. Anderson said the department would attempt to gather this information and provide it to the committee at its next meeting.

Senator Dever asked for information on nursing home facility-related costs compared to service-related costs. Ms. Anderson said the department

would provide this information to the committee at its next meeting.

Senator Dever suggested the committee consider options to encourage nursing facilities to provide more home and community-based care services.

The Legislative Council staff presented a memorandum entitled [North Dakota Population Projections](#). The Legislative Council staff said the information provides population projections to 2020 by age category and by human service region.

Chairman Dever requested the Legislative Council staff to provide information at a future meeting on the number of residents accessing long-term care services by region.

Ms. Linda Wright, Director, Aging Services Division, Department of Human Services, provided a status report on the establishment of the Aging and Disability Resource Center to provide a single point of entry to North Dakota's continuum of care services. Ms. Wright said the department submitted its federal grant application in September 2007 to establish an Aging and Disability Resource Center in North Dakota. Ms. Wright said the federal Administration on Aging informed the department that sufficient funds were not available in federal fiscal year 2007 for North Dakota; however, the department was informed that its application will be approved if sufficient funding is appropriated by Congress for federal fiscal year 2008. Ms. Wright said the federal health and human services budget may be approved in January 2008. A copy of the report is on file in the Legislative Council office.

Senator Lee said North Dakota has more than one single point of entry system. She suggested that these systems, including the 211 system, University of North Dakota Center for Rural Health system, and new Aging and Disability Resource Center, be coordinated.

Ms. Helen Funk, State Long-Term Care Ombudsman, Department of Human Services, provided information on notification requirements for basic care and nursing facilities when residents need to be placed in more restrictive care. Ms. Funk said before a nursing facility may transfer or discharge a resident, the facility must notify the resident and if known a family member or legal representative of the resident, in writing and in language and manner they understand, at least 30 days prior to the move.

Ms. Funk said basic care facility residents must also be provided with 30 days' notice of transfer or discharge, but the notice does not need to be in writing. A copy of the report is on file in the Legislative Council office.

Senator Lee suggested the department consider options of having a state-appointed attorney represent an elderly individual who is being financially exploited by family members or others. Ms. Funk said the department will refer the suggestion to its legal division and provide additional information to the committee at its next meeting.

Ms. Amy Armstrong, North Dakota Center for Persons with Disabilities, Minot State University, provided the findings and results of the Real Choice Systems Change Grant - Rebalancing Initiative. Ms. Armstrong said the initiative gathered and analyzed previously completed studies relating to North Dakota's continuum of care system and summarized the studies in a document entitled *A Summary of Studies and Reports Related to North Dakota's Aging Population and People with Disabilities*.

Ms. Armstrong said several recurring recommendations were included in these reports relating to:

1. Improving access to case management;
2. Developing a single point of entry to services;
3. Assuring consumers have informed options and better access to services, particularly home and community-based services, and qualified service providers;
4. Improving consumer choice and self-direction; and
5. Balancing funding for continuum of care services.

Ms. Armstrong said research data supports:

1. The need for streamlined, consistent, and reliable systems to assist consumers, families, and providers and to allow access to continuum of care information and services;
2. The fact that many North Dakotans want to remain in their homes or live as independently as possible; and
3. The urgent need for increased funding and resources for home and community-based options in order to care for North Dakota's growing and aging population.

Ms. Armstrong said the goals resulting from the initiative include:

1. Developing a system to provide a single point of entry for continuum of care services in North Dakota; and
2. Developing a mechanism to balance state resources for continuum of care services to strengthen opportunities for choice and self-direction.

A copy of the testimony, a summary of the studies, and the final report are on file in the Legislative Council office.

Ms. Carol K. Olson, Executive Director, Department of Human Services, and Cochair of the Governor's Olmstead Commission, reported on the outcomes of the long-term care-related pilot projects and other activities and findings and recommendations of the commission. Ms. Olson said the commission was involved in the following six pilot projects:

1. The Evangelical Lutheran Good Samaritan Society - Simplified Access to Services Model - \$175,000 - This project was implemented in Arthur. The project involved developing informal and family support

services to enable residents of the long-term care facility in Arthur to leave the building regularly to participate in community activities. The project also established a coordinating entity to assess needs and coordinate informal support systems to help people delay or avoid nursing home placement. Ms. Olson said this project is continuing. She said the project has resulted in the development of a one-stop resource center for community members as well as the provision of technical assistance, education, and support services.

2. Western Sunrise, Inc. - Living in Place Model - \$55,000 - This project involved the creation of a system of domestic peer bridging and counseling for those with severe and persistent mental health issues throughout Region 1--Williston. The results of the project indicate consumers, families, and providers discussed service delivery and agreed that consumers need to be better informed and more involved in discussions and decisions. Ms. Olson said this project is continuing and also is to be implemented in the north central human service region--Minot.
3. Knife River Care Center - Living in Place Model - \$50,000 - This project focused on allowing residents to make more decisions regarding their care. The results indicated that residents had a greater satisfaction and interest in services and activities. Ms. Olson said this project is also continuing.
4. Independence, Inc. - Living in Place Model - \$134,000 - This project created information awareness for persons with disabilities and their families. A brochure and brief video were produced and assisted persons with physical disabilities to become aware of assistive technology service options outside of institutionalization. This project resulted in consumers, family members, and local providers discovering service accessibility and availability strengths and barriers. She said transportation remains a great barrier in rural areas for persons with disabilities.
5. Mental Health Association In North Dakota - Services Model (211 Line) - \$170,000 - This project implemented an information and referral service for all North Dakota citizens by making available the current 211 information line to persons with questions about service delivery for persons with disabilities. This project helped meet the rural communications need regarding services and service delivery of long-term care.
6. North Dakota Indian Affairs Commission - Cultural Model - \$85,000 - The first phase of this project included focus groups on each of the reservations and Indian service areas in partnership with the Native American Training

Institute to identify gaps in service delivery. Although services exist, this project determined that many Native Americans are not aware of them.

Ms. Olson said the commission will be doing additional monitoring of the pilot projects and providing a more formal update at a later date.

Ms. Olson reviewed the goals, action steps, and accomplishments of the commission. She said accomplishments include:

1. Guardianship services for vulnerable adults not eligible for developmental disabilities corporate guardianship have been implemented by the Department of Human Services.
2. Federal Older Americans Act funds are now being accessed by the four Indian reservations and the Trenton Indian Service Area.
3. The senior information line is in the process of enhancement and expansion.
4. The Department of Human Services has applied for a federal grant to establish an Aging and Disability Resource Center.

A copy of the report is on file in the Legislative Council office.

In response to a request from Representative Price, Chairman Dever said the committee will receive information from the various entities providing single point of entry services in North Dakota regarding options for better coordinating these services at its next meeting.

Ms. Shelly Peterson, President, North Dakota Long Term Care Association, commented on the committee's long-term care study. Ms. Peterson said the number of North Dakota nursing facility beds per 1,000 elderly in the state has been reduced from 89 beds in 1996 to 65.3 beds in 2007. She said this reduction has occurred because of the stringent moratorium in place, the 2001 state bed buyout program, and an increase in elderly population. She said more demand for nursing facility beds is occurring in major cities in the state; therefore, rural facilities are selling their excess beds to urban facilities. Ms. Peterson said the system of allowing the buying and selling of beds among facilities is working well. Ms. Peterson said a concern has been expressed about the lack of access to nursing facility care in Bismarck. To meet this demand, Ms. Peterson said the following three projects, which should be completed in the next 12 to 24 months, are underway:

1. The Good Samaritan Society has committed to building a 48-bed nursing facility as well as a 16-bed basic care and 16-bed assisted living facility in Bismarck.
2. The Benedictine Living Communities is committed to opening a 71-bed nursing facility in Bismarck.
3. Medcenter One in Mandan began construction of a new 128-bed nursing facility in April 2007. Ms. Peterson said the facility is only an

expansion of eight beds; however, the vast majority of beds will be private rooms.

In regard to notification requirements for basic care residents, Ms. Peterson said the association believes notices of discharge or transfer should be in writing and the association supports a change in statute to require all notices of discharge or transfers be in writing. A copy of the report is on file in the Legislative Council office.

Ms. Peterson expressed support for the suggestion to have the state appoint an attorney to represent an elderly individual in cases of financial exploitation.

Mr. Bruce Murry, Attorney, Protection and Advocacy Project, commented on the committee's study. Mr. Murry said the Protection and Advocacy Project provides legal protection to individuals with mental illness or developmental disabilities who are being exploited financially by family members.

Representative Price suggested the committee ask for a bill draft to require basic care facilities to provide notice to their residents in writing prior to a transfer or discharge. Chairman Dever asked the Legislative Council staff to prepare the bill draft for the committee's next meeting.

Senator Lee suggested the committee invite representatives of the Protection and Advocacy Project and the Department of Human Services' legal division to provide information to the committee at its next meeting regarding the possibilities of the state appointing an attorney to represent elderly who are being financially exploited by family members or others.

Representative Price suggested the committee consider asking representatives of the National Conference of State Legislatures to provide the committee with additional information regarding long-term care insurance and the Partners Project.

The committee recessed for lunch at 11:50 a.m. and reconvened at 1:00 p.m.

## **DEMENTIA-RELATED SERVICES STUDY**

Ms. Judy Tschider, North Dakota Family Caregiver Support Program Administrator, Department of Human Services, provided information on the National Family Caregiver Support Program. Ms. Tschider said the program offers support and services to individuals who are caring for someone in their home or community. She said the program began in January 2002 and is provided under the Older Americans Act. She said there is no income eligibility limits in order to receive services and services are provided at no cost to the caregiver. She said the program targets individuals who are lower income, socially isolated, and living in rural areas.

Ms. Tschider said as of September 2007, 1,223 individuals have received services through the caregiver support program.

Ms. Tschider said services provided include:

1. Information on services available and assistance in accessing services.

2. Assistance in assessing needs and arranging for services.
3. Individual or family counseling.
4. Training.
5. Assistance with the cost of assistive devices or incontinence supplies.
6. Respite care.

A copy of the report is on file in the Legislative Council office.

Mr. Rocky Cofer, Hazen, commented on his experiences caring for his wife with Alzheimer's disease and service needs of individuals with dementia and their caregivers. Mr. Cofer said his wife was diagnosed at age 55 with Alzheimer's disease. He said it was difficult to access services because she was under age 60. He said the National Family Caregiver Support Program provides needed assistance; however, additional funding is needed for the program. He suggested the state consider:

1. Providing more in-home support services for individuals with early onset of Alzheimer's disease.
2. Allowing access to the Senior Meals Program for individuals under age 60 who have Alzheimer's disease and their caregivers.
3. Providing additional funding for new facilities and for upgrading existing facilities to care for individuals with dementia.

Ms. Kristi Pfliger-Keller, Center Director, Western North Dakota regional office, Alzheimer's Association Minnesota-North Dakota Chapter, provided information on the estimated number of individuals with Alzheimer's disease or related dementia in North Dakota. According to national estimates, Ms. Keller said North Dakota has 16,000 individuals diagnosed with dementia. By 2010, she said, the number is expected to increase to 18,000. She said data sources do not indicate where the 16,000 individuals reside in North Dakota.

Ms. Pfliger-Keller said approximately 10 percent of individuals diagnosed with Alzheimer's have early onset of the disease which is before age 65.

Ms. Gretchen Everson, Center Director, Eastern North Dakota regional office, Alzheimer's Association Minnesota-North Dakota Chapter, provided the following listing of services available for individuals with dementia:

1. Skilled nursing facilities - Some facilities have designated memory care units; however, the number is not adequate.
2. Assisted living/basic care facilities.
3. In-home care providers.
4. Adult day programs.
5. Adult foster care.
6. Medical professionals.
7. Support groups.
8. Care consultation/geriatric case managers.

A copy of the report is on file in the Legislative Council office.

Senator Dever asked whether there are other services similar to the Senior Meals Program that

should be made available to individuals with early onset of Alzheimer's. Ms. Everson suggested assistance with legal-related services is generally available to older individuals but may not be available to those under age 65.

Mr. Rodger Wetzel, St. Alexius Eldercare Program and a member of the Alzheimer's Association, Bismarck, commented on the committee's dementia-related study. He said the St. Alexius program offers two Alzheimer's support groups and memory screenings. He said about 50 percent of nursing home residents have some type of dementia.

Mr. Wetzel said service needs of individuals with dementia and their caregivers include:

1. Training for caregivers.
2. Training standards for all staff involved with caring for individuals with dementia.
3. Financial, legal, housing, and life planning assistance.
4. Expanding the Senior Meals Program to include younger individuals with Alzheimer's or related dementia.

## **TRANSITION TO INDEPENDENCE PROGRAM STUDY**

Mr. Lauren Sauer, Adult Mental Health Services Administrator, Department of Human Services, provided information on the process of identifying youth needing transitional services and how services are coordinated and provided.

During the past year, Mr. Sauer said the Department of Human Services has conducted statewide stakeholder meetings to discuss the strengths, needs, and gaps in transition services for young adults. Concerns expressed include housing, employment opportunities, resources, complexity of diagnoses, independence, and decisionmaking.

Mr. Sauer presented flow charts identifying the process involved in accessing transition services for youth with mental illness. A copy of the report and flow charts are on file in the Legislative Council office.

Mr. Sauer presented information on other states' transitional services programs for youth with mental illness. Mr. Sauer said Missouri focuses on providing transitional services to youth with mental health disorders and developmental disabilities and their families. He said the four components used to transition youth include:

1. Youth and family voices.
2. Specialized care management.
3. Natural supports within the community.
4. Interagency partnerships.

Mr. Sauer said the California Legislature has approved a bill requiring county child welfare agencies to screen all foster care youth ages 16 and 17 for a mental or physical disability and, if appropriate, assist them in applying for supplemental security income which provides a monthly cash benefit for the disabled. He said the bill allows youth with a pending Social Security income application to remain in foster

care past their 18<sup>th</sup> birthday until the application is processed. He said this bill has not yet been signed by the California Governor.

Mr. Sauer cited other documents relating to transition-related services. He said the transition to independence model identifies seven key principles for transitioning youth, including:

1. Engage youth.
2. Tailor services.
3. Respect youth independence.
4. Ensure a safety net of support.
5. Strengthen competencies.
6. Help maintain focus on outcomes.
7. Involve young people, parents, and other community partners.

Mr. Sauer said most successful programs stress the effectiveness of collaboration and forming partnerships to coordinate services for these youth as they transition to adulthood. Copies of the reports are on file in the Legislative Council office.

Senator Lee distributed a National Conference of State Legislatures' report entitled *State Mental Health Lawmakers Digest - Transitioning Out of the Foster Care System* for the committee's information.

Ms. Gerry Teevens, Secondary Transition Coordinator, Department of Public Instruction, reported on services provided to youth with severe emotional disturbances. Ms. Teevens said the number of students aged 16 to 21 meeting the criteria of emotional disturbance in North Dakota schools was 318 in 2006. She said the number of students meeting this criteria aged 3 to 15 was 769 in 2006.

Ms. Teevens said the federal Individuals with Disabilities Education Act (IDEA) requires that transition services be incorporated into each child's individualized education program (IEP) no later than the first IEP in effect by the time the student turns 16. She said the education plan must include the transition services needed to assist the student in reaching the student's postsecondary goals.

Ms. Teevens said IDEA requires involvement of multiple agencies and the coordination of services. The school must ensure participation of any agency that is likely to be responsible for providing or paying for transition services by inviting the participating agency to the IEP meeting. A copy of the report is on file in the Legislative Council office.

Senator Heckaman said when youth reach age 18, they may choose not to receive transition services which makes it difficult to achieve positive outcomes for these youth.

Ms. Lisa Bjergaard, Director, Juvenile Services Division, Department of Corrections and Rehabilitation, provided information on transitional services provided to youth being released from the Youth Correctional Center.

Ms. Bjergaard said transitional services are provided to youth who are at the Youth Correctional Center as well as in the custody of the Juvenile Services Division. She said all case management provided to these youth is community-centered and

involves other agencies and service providers. She said the center's role in planning for transition is to help youth develop the behavioral self-control necessary to reenter the community and remediate educational deficiencies. She said all youth have a case plan in place at the point when custody ends. She said the plan may include ongoing services for mental health, chemical health, or physical health services. If the youth needs assistance in applying for Medicaid or other social service or entitlement programs, she said, the juvenile corrections specialist will assist.

Ms. Bjergaard said juvenile corrections specialists are trained to provide wraparound case management services for these youth. She said each case plan addresses living, work, and school arrangements.

Ms. Bjergaard said during fiscal year 2006, 237 youth were discharged from custody.

Ms. Bjergaard said that statistics indicate that youth with mental illness reenter the corrections system at a higher rate than other youth. She said youth with serious emotional disturbances are able to manage themselves within the high level of structure provided by correctional case management and correctional placement; however, once these services are no longer a part of their daily lives, she said, some youth are not able to sustain their behavioral gains. She said these youth would benefit from intensive case management services that would continue further into their lives; however, the program would require a continuum of services to develop and support adequate treatment plans for these youth. A copy of the report is on file in the Legislative Council office.

Mr. Louis Hentzen, Assistant Court Administrator, Supreme Court, commented on the court's involvement with children's transitional issues.

In 2006, Mr. Hentzen said the Chief Justice convened a multidisciplinary group to discuss child welfare issues in North Dakota. At the conclusion of the task force, a report was generated including recommendations. He said one of the recommendations makes reference to transitional services when children return home or are aging out of foster care. He said the recommendation provides that the Department of Human Services should support efforts to use federal IV-E funds for transitional services when children return home. He said the judicial branch has discussed the recommendation with the Department of Human Services. A copy of the report is on file in the Legislative Council office.

Mr. Gary Freier, Department of Career and Technical Education, commented on services provided to youth with severe emotional disturbances. Mr. Freier said the Department of Career and Technical Education provides some services to assist students who are receiving special education services. He said the level of these services vary by school district across the state. He said the department uses a referral process to get additional

assistance for these students. He said the department does not provide the services directly.

Ms. Nancy McKenzie, Department of Human Services, provided information on vocational rehabilitation services provided to youth with severe emotional disturbances and related eligibility requirements.

Ms. McKenzie said eligibility for vocational rehabilitation services include:

1. A physical or mental impairment that has been documented by a professional.
2. The impairment results in an impediment to employment.
3. The individual requires vocational rehabilitation services to prepare for, enter into, engage in, or retain employment.

Ms. McKenzie said vocational rehabilitation services generally begin at age 16; however, students may begin receiving services as young as age 14 if complex factors are involved.

Ms. McKenzie said the program seeks to have an individual plan for employment in place by the time the student graduates high school.

Ms. McKenzie said a stronger focus is being placed on transition age services. She said North Dakota has a State Transition Steering Council which includes members from each region of the state and from education, independent living, Job Service North Dakota, vocational rehabilitation, consumers, etc. She said efforts have been made to establish regional interagency transition teams to identify and work on local issues. She said the level of progress of establishing these terms varies among the regions of the state.

Ms. McKenzie said the department has allocated \$400,000 of its biennial vocational rehabilitation budget for regional transition projects. A copy of the report is on file in the Legislative Council office.

Mr. Gary Walsky, The Village Family Service Center, Fargo, provided information regarding the in-home counseling program.

Mr. Walsky said the center's intensive in-home family counseling therapy program focuses on providing services to families within the family setting. He said the program's success rate is up to 85 percent. He said because services are limited in time and very intensive, some counselors are involved with as few as three families. He said the program challenges families to become responsible and address issues affecting their children.

Mr. Walsky suggested the state focus more resources on family-based care.

Ms. Carlotta McCleary, Executive Director, North Dakota Federation of Families for Children's Mental Health, commented on the committee's transition to independence program study. Ms. McCleary said the federation is encouraging more coordination and

collaboration between the various system providers to ensure a seamless transition from youth to adulthood. She also suggested more educational services be provided regarding transition issues for both parents and youth.

Ms. McCleary urged the committee to increase access to services needed by youth and young adults. She said eligibility issues are creating serious gaps in individuals accessing needed services. Particularly, she said, youth with a dual diagnosis of developmental disabilities and mental health disorders are often not receiving needed services. Many of these young adults lack the capacity to live independently without support services.

Ms. McCleary said another area of concern is youth transitioning out of the child welfare system. She expressed concern that youth leaving restrictive placements, which include a very structured environment to one where they are making all the decisions, is of concern. She suggested the committee consider providing additional education, support, and independent living training for these young adults. A copy of the report is on file in the Legislative Council office.

Senator Lee suggested that the various organizations involved in children's transition issues develop plans to coordinate and collaborate for providing these transition services. She suggested the committee continue to receive updates regarding these developments. Chairman Dever said he would request these updates.

Representative Kreidt suggested the committee receive an update from the State Department of Health regarding the development of its Life Safety Survey process. Chairman Dever said he would ask for an update for the next meeting.

Chairman Dever announced the next committee meeting may be held in conjunction with the Human Services Committee meeting, possibly in January 2008.

**It was moved by Representative Karls, seconded by Senator Lee, and carried on a voice vote that the committee adjourn subject to the call of the chair.**

The committee adjourned at 3:50 p.m.

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Allen H. Knudson  
Assistant Legislative Budget Analyst and Auditor

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Jim W. Smith  
Legislative Budget Analyst and Auditor

ATTACH:1