

**Testimony**  
**Department of Human Services**  
**Human Services Committee**  
**Representative Alon Wieland, Chairman**  
**January 17, 2012**

Chairman Wieland and members of the Human Services Committee, I am Alex C. Schweitzer, the Cabinet Lead for Institutions and Regional Human Service Centers for the North Dakota Department of Human Services. Thank you for the opportunity to provide information on the study of the Department's caseloads and program utilization.

**Regional Human Service Centers Caseload Data:**

<b>Caseload Comparison - Human Service Centers</b>										
State Fiscal Year	North-west HSC	North Central HSC	Lake Region HSC	North-east HSC	South-east HSC	South Central HSC	West Central HSC	Badlands HSC	State-wide	Change from Previous Year
2006	1,189	3,293	2,486	3,072	4,952	2,869	4,542	1,942	24,345	
										(207)
2007	1,202	3,105	2,396	3,211	5,018	2,802	4,559	1,845	24,138	
										837
2008	1,263	3,215	2,373	3,370	5,029	2,958	4,913	1,854	24,975	
										314
2009	1,342	3,197	2,318	3,555	4,968	2,991	5,027	1,891	25,289	
										906
2010	1,545	3,225	2,484	3,557	5,102	3,074	5,348	1,860	26,195	
										840
2011	1,650	3,325	2,607	3,608	5,042	3,236	5,655	1,912	27,035	

The overall increase in clients served at the regional human service centers from 2006 through 2011 is 2,690.

The Northwest Human Service Center (Williston) had an increased caseload of 461 clients from 2006 through 2011. This increase is the result of an increase in population from 12,000 to 20,000 and still growing. The primary service need was in the area of psychiatric nursing services and psychiatry, as individuals were seeking medication management in order to maintain employment.

The North Central Human Service Center (Minot) client numbers have stayed fairly constant over the time period, 2006 through 2011, with a slight increase of 32 clients. This increase is the result of population growth, increase in the number of children served in developmental disabilities and medication management for adults in order to maintain stability and employment.

The Lake Region Human Service Center had an increase of 121 clients from 2006 through 2011. This increase is the result of an increase in the number of children served in developmental disabilities, an increase in referrals from Department of Corrections, an increase in alcohol and drug services, an increase in the number of Native Americans seeking services, the formation of four suicide prevention committees and this region has the largest number of residents that receive economic assistance benefits.

The Northeast Human Service Center (Grand Forks) had an increase of 536 clients from 2006 through 2011. This increase is the result of an increase in the number of children served in developmental disabilities and the infant development program, the number of homeless individuals at the mission, and increased demand for alcohol and drug services.

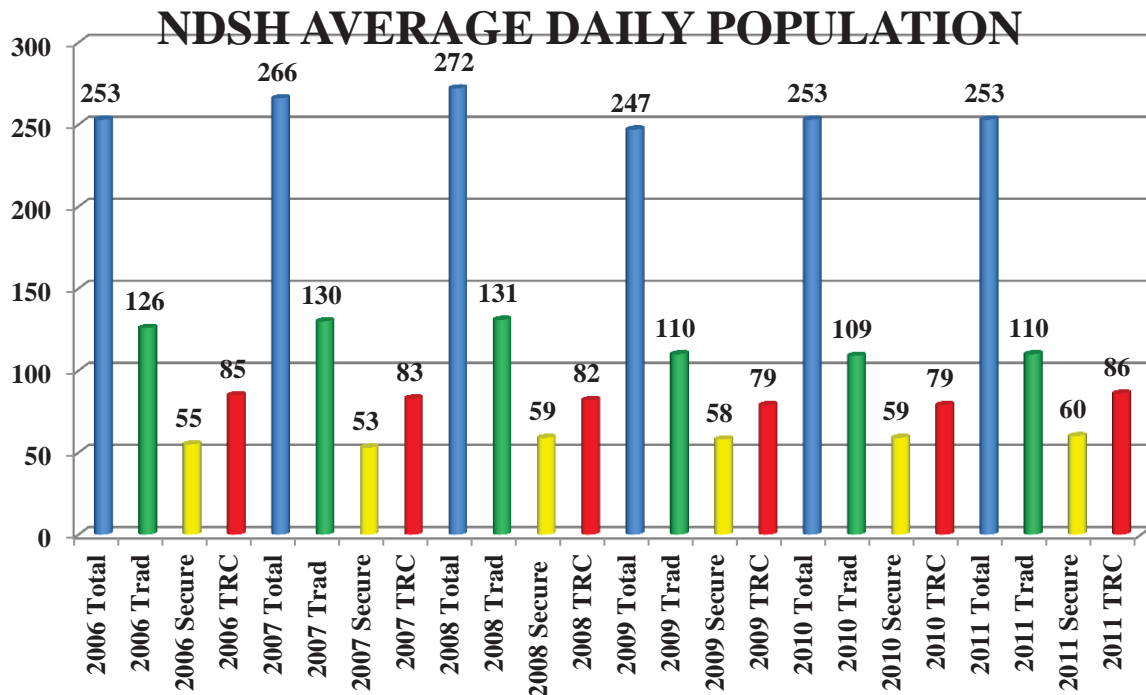
The Southeast Human Service Center (Fargo) had an increase of 90 clients from 2006 through 2011. The major reason for the increase is the growing demand for case management for the seriously mentally ill, the homeless, and for addiction clients. Overall, the Center saw an increase in other services for the homeless, developmentally disabled, adolescents needing care coordination, and adults needing medical services.

The South Central Human Service Center (Jamestown) had an increase of 367 clients from 2006 through 2011. The center had an increase in all core services over the past six years. This is primarily because the center is the only provider of outpatient behavioral health services in the region and because the State Hospital is located in this region.

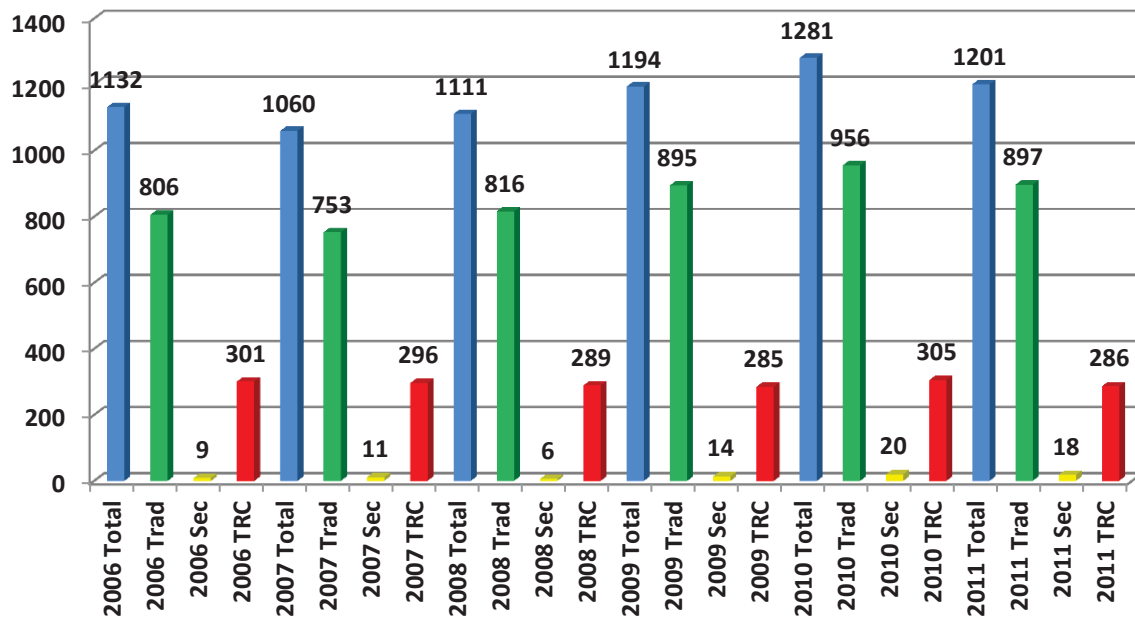
The West Central Human Service Center (Bismarck) had an increase of 1,113 clients from 2006 through 2011. This increase is the result of an increase in population in the region by an estimated 10,000 people, an increase in the number of children served in developmental disabilities, an increase in referrals from the Department of Corrections, and an increase in the demand for psychiatry services due to a reduction in private sector services.

The Badlands Human Service Center's client numbers have remained fairly constant over the time period, 1,942 clients in 2006 and 1,912 in 2011. This past year the Center has seen an increase with 52 clients being served. The center's management believes this increase is the result of the population increase because of oil development and a demand for developmental disabilities services for children. The Center has begun to track new admissions to determine if the primary reason for increased services is because of the oil/energy boom.

### **North Dakota State Hospital Census:**



## NDSH TOTAL ADMISSIONS



The North Dakota State Hospital operates 298 beds.

The Hospital utilizes ninety (90) of these beds to provide addiction services to offenders in the Tompkins Rehabilitation and Corrections Center, comprised of 60 male and 30 female offenders. The Hospital operates seventy-six (76) beds in the sex offender unit. The Hospital utilizes one hundred thirty-two (132) beds for inpatient and residential psychiatric services for the treatment of adults, children and adolescents with serious and persistent mental illness, serious emotional disorders, and chemical addiction.

The Tompkins Rehabilitation and Corrections Center average daily population has remained steady during the time period of 2006 – 2011 at an average daily population of 82 patients.

For the same time period, the sex offender unit has an average daily population of 57 patients. The population in the sexual offender program at the end of 2011 is 60 patients, with 56 patients in program and 4 patients in prison.

The inpatient and residential psychiatric service experienced increased admissions from 2006 to 2010, and then experienced a slight reduction in the 2011 reporting period. The increase in admissions was the result of first-time admissions and patients transferring to the State Hospital after a stay at a private psychiatric facility.

The inpatient and residential psychiatric service beds were highly occupied from 2006 through 2009, with an average daily population of 97 percent. The major reasons for this high occupancy were the admission of first-time patients, chronic patients awaiting referral and placement at residential settings, and the increased need for treatment of patients with complex medical and psychiatric issues.

The average daily population declined to 85 percent during the years 2010 and 2011, and this better aligns with the ratio of staff to patient as the Hospital staffs for 85 percent occupancy. The decrease in average daily population can be attributed to increased community service discharge options for chronic patients and shorter lengths of stay at the State Hospital.

**North Dakota Developmental Center Census:**

Adult ICF Target Census 7/1/11	Actual ICF Census 7/1/11	Adult ICF Target Census 6/30/13	Actual ICF Census 1/16/12	Projected ICF Census 2/1/12	Youth Services 1/16/12	ISLA Services 1/16/12	NDSH DD Census 1/16/12
95	95	67	92	89	3	3	18

The North Dakota Developmental Center met the transition to community target census of 95 adults in the intermediate care service as of 7/1/11. The facility has three discharges planned for the month of January, which will bring the population count to 89 individuals in the adult intermediate care service. We are projecting twenty more discharges for the rest of the biennium, which will bring the facility close to the projected target of 67 individuals in the adult intermediate care service.

The North Dakota Developmental Center operates a four bed youth transition services program for youth with developmental disabilities that are having difficulty finding community placements or would need to be served out of state. The goal is to transition these young people to appropriate community settings.

The facility also operates an independent supported living arrangement home in the community of Grafton for three individuals that have been discharged to the community from the adult intermediate care service. The North Dakota Developmental Center is planning to open two more of these facilities in the Grafton community during this biennium.

The North Dakota State Hospital's developmentally disabled census consists of individuals requiring acute care hospitalization for behaviors and mental illness that were difficult to manage in community settings. These individuals when ready for discharge, from the State Hospital, will be discharged to community settings or the North Dakota Developmental Center.

I would be happy to answer any questions.